Lectures

ON

THE DIAGNOSIS AND TREATMENT OF THE PRINCIPAL FORMS

OF

PARALYSIS OF THE LOWER EXTREMITIES.

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LECTURE II.—(PART I.)

DIAGNOSIS AND TREATMENT OF THE REFLEX PARAPLEGIA.

Answer to objections against the existence of the urinary reflex paraplegia.—Affections of the urinary apparatus may cause paralysis either by a simple reflex influence, or in producing myelitis.—Condition of muscles in reflex paraplegia.—Diagnosis between the reflex paraplegia and paralysis of the lower limbs due to myelitis, meningitis, pressure upon the spinal cord, a tumour in the grey matter, hysteria, seminal losses, hæmorrhage in the spinal canal or in the spinal cord, congestion, serous effusion, non-inflammatory softening, &c.

GENTLEMEN,—There is an objection against the existence of the *reflex urinary paraplegia*, of which I must speak, as it has been put forward by a most able physician, Dr. W. W. Gull.* This distinguished observer has found the spinal cord apparently healthy, when examined with the naked eye, while the microscope proved that it was inflamed, in a case of paraplegia succeeding to a gonorrhœa; and he relates other cases of paraplegia due to myelitis, and preceded by a disease of the urinary apparatus. He is inclined to think that in the cases of urinary paraplegia published by Mr. Stanley there was a myelitis that would have been detected had the microscope been employed.

It is very remarkable that Dr. Gull himself has published a case more able than any other I know to prove that there is no alteration of the spinal cord or its membranes in the reflex urinary paraplegia. The symptoms in this case were those of this kind of paralysis, and not those of myelitis. "Hours were spent," says Dr. Gull, "in the examination of the cord, but with no other result than to show that there was no appreciable lesion of it besides a slight and doubtful softness of the tissue in two points."† Here the microscope was used by a man who knows full well how to employ it, and who was anxious to find some lesion to confirm his diagnosis, and this investigation gave a negative result. Certainly everyone will conclude with this most accurate observer "that the spinal cord may have its functions impaired and even lost, and that suddenly, as far as the power of motion is concerned, without any distinct amount of anatomical lesion." (*loco cit.*, p. 175.)

The facts brought forward by Dr. Gull against the views of Mr. Stanley are not at all in opposition to these views. They show that myelitis may be caused by an irritation originating from the urinary apparatus, but they do not show that such an irritation must produce a myelitis, in order to induce a paraplegia; or, in other words, that there is no other mode of production of a paraplegia by such an irritation than through a myelitis.

The cases recorded by Dr. Gull, and those of which we have given a summary in the preceding lecture, clearly prove—

1st. That when the symptoms of a myelitis have existed in a case of paraplegia, the autopsy may show no visible alteration of the spinal cord or its membranes, except when the microscope is employed. (It is probable that in one or two of the cases in Mr. Stanley's paper the alterations of myelitis would have been found had the microscope been used.)

2nd. That when the symptoms of a reflex paraplegia have existed, as in the above case of Dr. Gull, no distinct anatomical lesion is found in the spinal cord, even when the microscope is employed.

3rd. That urinary paraplegia may be simply a reflex paralysis or be connected with myelitis in three ways—*a*, the myelitis producing at the same time some alteration in the kidneys or the bladder and the paraplegia; *b*, the urinary affection acting upon the spinal cord by a nervous influence, to produce myelitis and consequently the paraplegia; *c*, the inflammation of a vein of the urinary organs being propagated to a vein of the spinal cord, and a myelitis and a paraplegia being the consequence of this propagation, (as in a case of Dr. Gull.)

I shall not say more about the objection raised by the learned physician of Guy's Hospital, as it will be easy for anyone to find out arguments against this objection in the preceding lecture, and also in the remarks I have now to offer to complete the history of reflex paraplegia.

The first thing to be noticed in a reflex paraplegia is the place from which has started the irritation that has caused the paralysis. It is, sometimes, difficult to find out clearly the relation between an outside irritation and the paraplegia. In the case of a patient of Dr. Spencer Thomson, of Burton-on-Trent, who consulted me some time ago, an affection of the prostate had existed, and had been cured, when one day the patient, having been subjected to great fatigue, was attacked with a pain in the lower part of the spine, his urine became alkaline, and he was seized with paraplegia. Very quickly the urine reacquired its normal reaction, but the paraplegia persisted. In this case certainly it would have seemed wrong to call the paralysis an urinary paraplegia, had not the symptoms and the ultimate history of the patient shown that it was really that kind of paralysis. The return of voluntary movements took place before the treatment (by mercury) had had time to act.

Usually in reflex paraplegia muscles do not become atrophied, and they remain almost as irritable as in healthy persons. Exceptions to this rule, however, are not very rare. I have seen two cases of reflex paraplegia,—one due to an inflammation of the knee-joint, and the other to a sciatica,—with considerable atrophy of the muscles of the legs, and of some muscles of the thighs. In one of these cases the normal size and irritability of muscles were quickly restored by an appropriate use of galvanism. The study of the condition of muscles in cases of reflex paraplegia, as well as in other cases of paralysis, shows, as I have tried to prove elsewhere, that a rapid atrophy and a rapid loss of irritability are not caused by the *cessation of action* of the nervous system, but by *a morbid action* of this system upon the nutrition of muscles.*

It is usually easy to detect a reflex paraplegia from the other kinds of paralysis of the lower limbs. A rapid review of the various kinds of paraplegia will show upon what principles this diagnosis is to be grounded.

1st. *Myelitis.*—I have already given the differential characteristics between paraplegia due to myelitis and the reflex urinary paraplegia. I will only add here, that the urine, in cases of myelitis, is almost always alkaline; while in cases of reflex paraplegia, not depending upon a disease of the urinary organs, it is usually acid, as in healthy people. We may add, that a paraplegia following an irritation in some peripheric part of the body, increasing, decreasing, or disappearing with that irritation, presenting the peculiar symptoms we have already mentioned, rendered worse by modes of treatment that are useful in myelitis, and being cured or alleviated by modes of treatment that are unsuccessful, if not hurtful, in myelitis, certainly cannot, and must not, be confounded with the paraplegia due to this inflammation.

2nd. *Meningitis.*—Paraplegia depending upon the inflammation of the membranes of the spinal cord will be chiefly distinguished from the reflex paraplegia by a rigid spasm of the muscles of the back, by an intense pain caused by any motion of the lower limbs or of the spine, or by the spontaneous acute pains that radiate from the spine to the lower extremities, and the frequency of cramps, &c.

3rd. *Pressure upon the spinal cord by a tumour, a diseased bone or fibro cartilage, &c.*—We will show by-and-bye that the symptoms of a pressure upon the spinal cord are not those which are generally described in treatises on the diseases of the nervous system. We will now only say, that a meningitis or a myelitis is often produced by tumours, diseased bones or intervertebral cartilages, and that the symptoms of both these inflammations have been mistaken for symptoms of pressure upon the spinal cord. However, as regards diagnosis, when

* Medico-Chirurg. Transactions, 1856, vol. xxxix., pp. 195–204.

† Guy's Hospital Reports, Third Series, vol. iv., Case 17, p. 174.

* See Journal de la Physiol. de l'Homme, &c., vol. ii., 1859, pp. 115–14.

there is a pressure upon this nervous centre, there is usually a feeling of tightness, a pseudo-neuralgic pain, or a degree of formication, only in the parts of the body receiving their nerves from the portion of the cord which is pressed upon, unless there is a myelitis or a meningitis, in which case those symptoms may exist in all the parts of the body below the seat of the pressure. Usually there is pain or tenderness in the spine at the place where the cause of the paralysis exists. Those symptoms show how different this kind of paraplegia is from a reflex paraplegia.

4th. *Tumour in the grey matter of the spinal cord.*—A remarkable feature of paraplegia due to this cause is, that anæsthesia appears at the very beginning of the affection, and may reach a higher degree than that of the loss of the power of motion. It is not so in cases of reflex paraplegia. Another feature of paralysis due to a tumour in the centre of the spinal cord is, that the reflex power in the parts of the cord below the tumour becomes extremely exalted, so that very slight excitations can produce the most violent reflex movements.

5th. *Hysterical paraplegia.*—Here the only great differential characteristic is, that the paraplegia has followed hysteria. But the difficulties sometimes are very great, as the same cause (such as a disease of the ovaries or the womb) may produce both hysteria and a reflex paraplegia. There is no harm, however, in not coming to a decided diagnosis as regards these two forms of paraplegia, as the treatment ought to consist chiefly of the same means in both cases. We may add, that it is probable that in most cases, if not in all, hysterical paralysis is but a reflex paralysis.

6th. *Paraplegia depending upon seminal losses.*—A microscopical examination, showing or not the presence of spermatozoa in the urine or the prostatic mucus, will decide the question of the seminal losses; but the symptoms of paraplegia are usually alike in cases of loss of semen as in cases of simple urinary paraplegia, and it is probable that the production of paralysis is identical when sperma is lost, or when it is not, in cases of disease of the genito-urinary organs.

7th. *Hæmorrhage in the spinal canal.*—Paraplegia due to this cause differs from the reflex paraplegia by the existence of a vague pain along the spine some time before the paralysis appears, by the suddenness of its appearance, and by the very frequent occurrence of violent convulsions, or, at least, of spasmodic twitchings.

8th. *Hæmorrhage in the grey matter of the spinal cord.*—Paraplegia due to this cause appears suddenly, and is always accompanied by a notable diminution of sensibility, while in reflex paraplegia these two characteristics are rare. On the other hand, in this last kind of paralysis, the loss of movement is preceded by an affection of some viscus, of the skin, of the mucous membranes, &c.

9th. *Congestion of the spinal cord and its membranes.*—This cause of paraplegia, so well studied by Ollivier d'Angers, differs in many of its symptoms from the reflex paraplegia, but especially by the fact, that on rising after a night's rest, patients attacked with congestion in the spinal cord are much more paralysed than when they have been moving about, or in a sitting posture for some time; while usually the reverse is observed in reflex paraplegia. Besides, several of the symptoms of myelitis, though to a less degree, exist in cases of congestion of the cord or its membranes, and not in the reflex paraplegia.

10th. *Serous effusion in the spinal canal.*—The suddenness of the paralysis, pain in many parts of the spine, and, very frequently, convulsions, will serve to distinguish a paraplegia due to this cause from a reflex paraplegia.

11th. *Non-inflammatory softening of the spinal cord.*—This affection, which is due to the blocking-up of bloodvessels, or to a notable diminution of their calibre, owing to a calcareous deposit or to fatty degeneration, may sometimes be very difficult to distinguish from a reflex paraplegia. However, the first of these affections will usually be recognised by the absence of an outside cause of irritation on the spinal cord, by the very slow development of the paralysis, and sometimes by the arcus senilis, and the presence of a calcareous deposit in superficial bloodvessels of the head or the limbs, &c.

Besides the various kinds of paralysis of the lower extremities of which we have spoken, there are many others of which we will say nothing more at present than to state, that on account of their known causes, it is usually very easy to distinguish them from the reflex paraplegia. Amongst these kinds of paraplegia, I will point out especially those resulting from poisoning by carbonic acid, lead, arsenic, mercury, opium, belladonna, tobacco, camphor, mushrooms, fish; and those resulting from loss of blood, from concussion, fracture, or luxation of the spine.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

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ON THE THEORY & THERAPEUTICS

OF

CONVULSIVE DISEASES,

ESPECIALLY OF

EPILEPSY.

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LECTURE II.—(*Concluded.*)

WHAT, then, is the theoretical purport of the foregoing facts? To which view of muscular motion does it point? And first—for herein may be found the key to the whole matter—what is the theory of simple epilepsy to be deduced from the facts which concern the circulation and respiration of the epileptic?

1. No very certain conclusion is to be drawn from a consideration of the state of the circulation and respiration in the interparoxysmal period, except this—that plethora in the form so often exemplified in the butcher is never met with, and that feverish activity, even as an accident, is of rare occurrence. There are, indeed, cases of *epileptiform* disease, in which the circulation may exhibit at times some signs of activity; but these cases, as we shall see in the next lecture, present no objection to the conclusion which is forced upon us by the facts—that the pulse is rarely otherwise than weak and slow in the interparoxysmal period of simple epilepsy.

In the fit itself, the facts, when fairly read, admit of one conclusion, and one only. At the instant of the fall, a corpse-like pallor overspreads the countenance and the pulse dies out at the wrist—phenomena which seem to be only intelligible on the supposition that the arteries are nearly empty of red blood. A moment or two later, and the black and bloated face, the choking sounds, and the absolute suspension of all respiratory movements, show very plainly that the formation of red blood is arrested for the time. During the whole course of the convulsion, indeed, the state is one of suffocation. During the convulsion, that is to say, the supply of arterial blood is cut off at the fountain-head.

There is, however, one fact which, at first glance, might seem to show that there is an increased injection of arterial blood during the convulsion. Such injection is manifestly very imperfect at the onset of the fit, for upon no other supposition can we explain the corpse-like paleness of the countenance and the feeble and imperceptible pulse. But if the finger be kept upon the wrist during the convulsion, it will be found that the pulse will go on rising until it has acquired a force and fulness which it never had in the interparoxysmal period; and if the hand be placed on the breast, it will be found also that this rising of the pulse is accompanied by increased action of the heart. These facts are evident and unmistakable, but they do not show, as without reflection they might seem to do, and as they are often supposed to do, that *red blood* is being injected in greater quantity into the arteries during the convulsion.

When the process of respiration is arrested, the right side of the heart and the venous system generally are soon gorged and distended with black blood. Under these circumstances, indeed, the gorged and distended state of the right side of the heart may reach a point in which the folds of the tricuspid valve are forced widely apart, and an opening left through which the beatings of the ventricle are made to tell almost as much in driving the blood back through the auricle into the veins, as in sending it onward through the pulmonary artery into the lungs. But it is not right to suppose that the left

side of the heart and the arterial trunks are empty of blood; and this may be readily verified by watching the changes which take place in the carotid and jugulars of a rabbit during the process of suffocation. On exposing the vessels, the artery is seen to be filled with red and the veins with black blood. On suffocating the animal by tying a ligature around its windpipe, the colour of the blood in the artery darkens rapidly, and in about two minutes and a half it is every whit as black as that of the blood moving in the neighbouring vein. Nor is the vein gorged and distended and the artery comparatively empty. On the contrary, the artery is felt to pulsate as strongly under the rush of black blood as it did previously under the rush of red blood. Nay, *the pulse of the black blood is actually stronger than the pulse of the red blood;* for, on testing with the hæmadynometer, the late Professor John Reid (who first directed attention to these facts, and who has investigated the condition of the circulation in asphyxia more carefully than any other observer) found the mercury highest at the moment when the blood in the artery had become thoroughly venous and black.

A full pulse and a throbbing heart, therefore, must be looked upon as natural accompaniments of asphyxia; and thus the full pulse and the throbbing heart of the epileptic paroxysm, instead of showing that a larger quantity of *red blood* is being injected into the arteries at the time, may show that these vessels are then labouring under a load of *black blood*, as they do in asphyxia. And that the full pulse and the throbbing heart of the epileptic paroxysm must have this latter significance is evident, for the livid, black, and bloated head and neck, and the complete suspension of all respiratory changes, show very clearly that black and not red blood is coursing through the vessels at this time.

When the convulsion is over there is little to notice in the state of the circulation and respiration. When the spasms cease, the respiration is speedily re-established, and the re admission of arterial blood into the system may be attended with some transient and inconsiderable febrile reaction; but this reaction has nothing to do with the convulsion, for when reaction is present convulsion is absent, and if convulsion returns, it is not until every trace of reaction has first taken its departure.

Regarding, therefore, these facts—the corpse-like paleness and the comparative pulselessness at the onset of the paroxysm, and the signs of positive and unequivocal suffocation by which this stage of paleness and pulselessness is succeeded—and remembering the previous arguments, (*ante*, pp. 238–39,) which show that the convulsion is not to be ascribed to the presence of the stimulus of venous blood, there appears to be only one conclusion, and this is, that the convulsion of epilepsy is connected with the want of a due supply of arterial blood in the vessels.

Nor is it an objection to this view that the convulsions cease when the blood has become thoroughly deprived of its arterial properties. In order to discharge their office of conductors, it is certain that the nerves must be supplied with a sufficient quantity of arterial blood. If, for example, the principal vessel of a limb be tied, the nerves of that limb, wanting their due supply of blood, are unable to carry messages to the mind, or to transmit mandates from the mind to the muscles, until the collateral circulation is sufficiently established; and hence it is a fair inference that there must be a point in the process of suffocation where, wanting a due supply of arterial blood, the nerves must cease to be conductors, and where, consequently, the convulsions will come to an end; for, upon any hypothesis, the convulsions will come to an end when the nervous centres cease to be in proper connexion with the muscles.

But, it may be asked, is there no change in the blood itself? Is there not some important truth in the "humoral theory of epilepsy," as recently advanced in this place by the late lamented Dr. Todd? "I hold," said this distinguished physician, "that the peculiar features of an epileptic seizure are due to the gradual accumulation of a morbid material in the blood, until it reaches such an amount that it operates upon the brain, in, as it were, an explosive manner; in other words, the influence of this morbid matter, when in sufficient quantity, excites a highly polarized state of the brain, or of certain parts of it, and these discharge their nervous power upon certain other parts of the cerebro-spinal centre, in such a way as to give rise to the phenomena of a fit. A very analogous effect is that which results from the administration of strychnia, which is best seen in a cold-blooded animal, like the frog. You may administer the drug in very minute quantities for some time without producing any sensible effect; but when the poison has accumulated in the system up to a certain point, then the smallest increase of dose will immediately give rise to the peculiar convulsive phenomena. This is the humoral theory of epilepsy. It assumes that the essential derangement of health consists in the generation of a morbid matter, which infects the blood; and it supposes that this morbid matter has a special affinity for the brain, or for certain parts of it, as the strychnia, in the case just cited, exercises a special affinity for the spinal cord. The source of this morbid matter is probably in the nervous system, it may be in the brain itself. It may owe its origin to a disturbed nutrition—an imperfect secondary assimilation of that organ—and in its turn will create additional disturbance in the functions and nutrition of the brain." And again: "According to the humoral theory, the variety in the nature and severity of the fits depends on the quantity of the poisonous or morbid material, and on the part of the brain which it chiefly or primarily affects. If it affect primarily the hemispheres, and spend itself, as it were, on them alone, you have only the epileptic vertigo. If it affect primarily the region of the quadrigeminal bodies, or if the affection of the hemispheres extend to that region, then you have the epileptic fit fully developed."

This theory is based upon the well-known connexion between the presence of urea in the blood, or carbonate of ammonia resulting from the decomposition of urea—the result of defective renal action—and one form of epileptiform convulsion; and it might also have been based upon the connexion between convulsion and blood overloaded with bile. But if there is any evidence in these facts in favour of the existence of this hypothetical morbid material, there is none in favour of the idea that the *modus operandi* of the material is in exciting a highly polarized state of the brain, if by this state is meant anything like a condition of excitement. On the contrary, it is certain (as will be shown in the next lecture) that the action of the brain and of the nervous system generally is reduced to the very lowest ebb at the time when convulsion is brought about by the accumulation of urea and bile in the blood; and it is not less certain that strychnia, instead of acting as Dr. Todd supposes it to act—that is, by exciting a highly polarized state of certain parts of the nervous centres, acts by reducing the stimulating powers of the blood, (*ante*, p. 239,) and by diminishing the electrical action of both nerve and muscle (p. 238).

There is little doubt, however, that retained excretions must play an important part in the production of epilepsy. A free discharge in the office of excretion, not only in the kidneys and liver, but in every excretory organ, is essential to the preservation of healthy blood; and it may well be believed that an imperfect discharge of the office of excretion, *in one or other of the excretory organs*, may lead to the accumulation of effete matter in the blood, and that this accumulation of effete matter may be a not unimportant cause in bringing about an attack of epilepsy. But there is no reason for supposing that the blood under these circumstances becomes more stimulating. On the contrary, the conclusion which arises out of the history of the cases where the urine or bile is suppressed, is the natural conclusion, and this is, that blood thus altered is less fit to discharge its several offices; in other words, less stimulating.

Nor does there appear to be any reason for supposing that venous congestion has a more important part to play in the production of epilepsy than that which has been assigned to arterial injection. No doubt the veins of the brain and head generally are congested from a very early moment, but there is a moment antecedent to this in which the death-like pallor of the face is a sufficient proof that the veins were emptier than usual before they became congested. At any rate, the acknowledged anatomical difficulty must be overcome before it can be supposed that Dr. Marshall Hall's hypothesis of *trachelismus*—or the prevention of the return of blood from the brain by the spasm of certain muscles in the neck—has anything to do with the causation of epilepsy.

It would seem, then, as if there was something utterly uncongenial between epilepsy and arterial excitement. It would seem, indeed, as if the spasms, as well as the loss of consciousness and sensibility, were connected with want of arterial blood—empty vessels in the first instance, vessels filled with black blood afterwards. It is not improbable, also, that the blood may have been previously rendered less stimulating by the retention of something which ought to have been eliminated by one or other of the organs of excretion. In a word, the phenomena are entirely in harmony with the previous considerations respecting muscular motion; for according to them, the action of arterial blood is to antagonize contraction, and not to cause it.

2. Interrogating the nervous system, the facts are found to have that theoretical significance which the state of the circulation and respiration would lead us to expect.

These facts will scarcely warrant the idea that epilepsy is connected with anything approaching to over-action of the *brain proper*. On the contrary, everything seems to point to a state which is the very opposite of over-activity. Thus, the comparative want of memory, intelligence, fancy, and purpose, which marks the interparoxysmal condition; the utter annihilation of everything mental in the fit itself; and the gloom and prostration following the fit, are facts which can have no double meaning.

Nor is a contrary opinion to be drawn from the morbid appearances which are disclosed after death. If these chance to indicate previous inflammation, it does not follow that convulsion had any direct connexion with the inflammation as inflammation; on the contrary, the convulsion may have happened before or after the inflammation, when the energies of the brain were prostrate or exhausted—an alternative which we shall see to be the correct one when we come to speak of epileptiform disease connected with special disease of the brain. And surely it is not possible to draw any but one conclusion from the appearances which are common to epilepsy and dementia—pallor of the grey substance, atrophy, chronic softening and induration, dropsical effusion, and the rest?

But what of the state of the *medulla oblongata?* for, as Professor Schroëder Van der Kolk has well shown, the seat of the characteristic spasms, the bilateral character of the spasms, and the appearances presented after death, all point to this organ as one which is specially concerned in bringing about the epileptic paroxysm.

The spasms of epilepsy begin in muscles which receive nerves from the medulla oblongata—in muscles, that is to say, which are supplied by the facial, the accessory, the hypoglossal, and the portio minor trigemini; in slighter cases they are limited to these muscles. The spasms of the walls of the chest and abdomen, which are the most prominent and marked features in the complete attack of epilepsy, and which may be so fierce and unyielding as to cause fatal suffocation, also point to the same nervous centre; for a similar state of things is brought about by the action of a strong stimulus upon the great afferent nerve of this centre—the pneumogastric.

The bilateral character of the spasms is another argument that the medulla oblongata is especially affected in epilepsy. The lateral halves of this organ are connected in the most intimate manner by transverse fibres and commissures—much more intimately than the lateral halves of the brain and spinal cord; and hence it is that the corresponding nerves belonging to the two sides of the medulla oblongata are under a stronger physical necessity to act together than that which rules the corresponding nerves belonging to the two sides of the brain and spinal cord. In the case of the two latter centres, the nerves belonging to one side may be paralysed or otherwise affected, without any obvious injury to the nerves of the other side; but not so in the case of the latter centre. Indeed, it is evident that the actions which emanate from the latter centre—the play of the features, the motion of the tongue, the vocal adjustments of the larynx, the respiratory movements, &c.—must at once come to an end unless there be the strictest sympathy and concert in the action of the corresponding nerves of the two sides. Now in epilepsy the spasms are always more or less *bilateral*, and for this reason, therefore, it may be supposed that they have some special connexion with a nervous centre of which one lateral half cannot act without the other.

The appearances after death point also to the medulla oblongata as especially concerned in the production of epilepsy. In an early stage of the disorder, we may fail to find any characteristic changes; but, in confirmed cases, the texture is harder than natural, from the interstitial deposit of a minutely-granular albuminous matter, or else softened, swollen, and exhibiting signs of evident fatty degeneration. The posterior half of the medulla oblongata is redder and more hyperæmic than it ought to be; and, on examining the bloodvessels in this congested portion, they are found to be of thrice their natural dimensions, and with their walls much thickened and altered—this dilatation and alteration being chiefly in the corpus olivare and in the course of the hypoglossus in the case of epileptics who bite their tongue, and in the course of the roots of the vagus in the case of epileptics who do not bite their tongue.

It is evident, then, that the medulla oblongata is especially affected in epilepsy; but it does not follow, as Professor Van der Kolk supposes, that the essential cause of the convulsive affection is to be found in an exalted sensibility and activity of the ganglionic cells of this centre.

In favour of this view,—that epilepsy is dependent upon exalted sensibility and activity of the ganglionic cells,—appeal has been made to the fact of spasm, to the presence of a full, bounding pulse, and to the freedom from attack which is for some time the fruit of an attack, particularly if this has been violent; but the answer is not necessarily that which Professor Van der Kolk supposes it to be. After what has been said about muscular motion in the first lecture, it is not possible to allow that spasm in itself is an argument in favour of exalted sensibility and activity in ganglionic cells. After what has just been said about the phenomena of the circulation in epilepsy, it is impossible to allow that the condition of the circulation favours spasm by bringing about a more active state of the medulla oblongata, (the functional activity of this, as of every other organ, being in direct proportion to the activity of the circulation of *red* blood in the organ;) for it has been seen that the bounding pulse, to which reference is made, is filled with *black* blood, and not with red. Nor can the freedom from attack, which is for some time the fruit of an attack, be appealed to as a certain proof that the attack is the sign of the discharge of some overcharge of excitability previously present. On the contrary, it may be argued with some degree of plausibility, from certain facts which have to be mentioned in the next lecture, that the attack was preceded by depression of the circulation and innervation, that the convulsion supervened when this depression had reached a certain point, and that the recurrence of the attack was prevented for a time by the state of reaction in the circulation and innervation, which is a consequence of the convulsion. The case may be one, indeed, of which the history of the rigors of ague may serve as no inapt illustration; for here we have, first, the circulation failing more and more until the bathos of the cold stage is reached; and, secondly, a state of reaction which banishes the rigors most effectually so long as it continues.

It would even seem as if appeal might be made to the appearances after death, and to the actual condition of the circulation in the fit, for positive arguments against the idea of anything approaching to exalted action of the medulla oblongata.

The signs of fatty degeneration can have but one significance—under-action, not over-action. The interstitial deposit, also, implies an equivalent absence of healthy nerve structure, and so does the dilated condition of the bloodvessels; and this absence of nerve-structure must necessitate a corresponding absence of nervous action. The appearances after death, indeed, if they show anything, show that the medulla oblongata of the epileptic is *damaged in structure*, and because damaged in structure, *weaker in action*, than it ought to be.

The great argument against the idea of anything like over-action of the medulla oblongata in epilepsy, however, is to be found in the state of the circulation; for if, as may safely be assumed, the activity of any organ is in direct relation to the activity of the circulation of *red blood* in that organ, how far from anything like over-action must be the state of things in which, as is the case in the epileptic paroxysm, the vessels are at first comparatively empty of red, and afterwards completely filled with black, blood?

Nor can the curious discovery of Dr. Brown-Séquard, that certain injuries of the spinal cord are followed by an epileptiform affection, be construed into an argument that there is anything like a state of exalted action of the *spinal cord* in epilepsy. This curious result, which is brought about by puncturing or dividing more or less completely almost any part of the spinal cord, is developed, not immediately, but in the course of three or four weeks after the injury. The attacks, once developed, occur spontaneously at various intervals, often several times a day; they may also be brought on by pinching or otherwise irritating the portion of the skin which corresponds to the region of the whiskers in man. This excitable spot is supplied by twigs belonging to the sub-orbitary, the auriculo-temporalis, the second, and perhaps the third, cervical nerves; and it is a curious fact, that the irritation which brings on a fit when applied to the skin in which these twigs terminate has no such effect when applied to the twigs themselves. Any other part of the skin may be pinched or irritated with impunity, but this one spot can scarcely be touched without at once bringing on a fit.

These facts are very curious, and, in the main, very unintelligible; but this much at least is evident, that they do not countenance the idea of any over-action of the spinal cord in epilepsy. The fact that the epileptiform affection does not make its appearance until four or five weeks after the injury would appear to show very clearly that the fits have nothing to do with that local inflammation in the cord which may be supposed to have been set up in the first instance by the injury. After such a lapse of time, indeed, is it not the natural conclusion, that any over-action of the cord arising from the inflam-

mation produced by the injury must have died out, and left the cord damaged, weakened, under-acting? Nor is a contrary conclusion to be drawn from the excitable condition of the nerves proceeding from the neighbourhood of the cheek or cheeks; for both sides of the face are thus affected, if both sides of the spinal cord have been injured. What the full significance of this curious fact may be we may have yet to learn, but at any rate there is no reason to suppose that this excitable condition of the skin implies an over-acting condition of the nerves or nervous centres concerned in the phenomenon. The excitable portion of skin is not over-sensitive, for the animal manifests no signs of uneasiness when it is handled immediately after a fit. Over-sensitiveness, moreover, would seem to have nothing to do with the matter. At any rate, pain, and not convulsion, is the consequence of handling those portions of the skin of the animal which may have been rendered highly hyperæsthetic by the injury to the cord which brought on the convulsions. It is certain, also, that a somewhat similar condition of excitability is brought on when, as in several experiments related in the first lecture (pp. 287 and 288), the skin is cut off from the full influence of the nervous centres; and hence the natural inference would be, that the action of the nervous centres in the epileptic guinea-pig is *minus* rather than *plus*.

As in the former instances, however, so here, we turn to the condition of the circulation and respiration in order to know what is the actual functional condition of the spinal cord in epilepsy; and so turning, we see that the action of the cord under these circumstances must be almost or altogether *nil*. For what action can there be when little or no arterial blood is injected into the vessels?

A similar argument will also dispose of the idea of over-activity of the *ganglia of the sympathetic system* as a cause of epilepsy. It is very possible that the contracted state of the arteries, which is implied by the death-like pallor of the countenance and the comparative pulselessness at the wrist, may show that the coats of the vessels are in a state of spasm; and it is also possible that the cause of this spasm may have to be sought in the sympathetic system; but it does not follow that over-action of this system is this cause. On the contrary, the experiments of Drs. Kussmaul and Tenner already referred to (p. 288) show most conclusively that strong epileptiform convulsion is possible when the action of the sympathetic ganglia is entirely suspended by arresting the supply of blood to these organs.

And certainly no opposite conclusion is to be drawn from the vague and undefinable sensations or movements, very varying in character, but all comprehended under the term *aura*—sensations of pain, numbness, tingling, or a feeling of cold vapour; movements of shuddering or spasm, beginning in a distant part and travelling towards the head; for the most probable interpretation of these symptoms is that of Dr. Watson—that they are in some degree analogous to the numb and tingling feelings which are the frequent precursors of paralysis and apoplexy, or to the globus of hysteria—phenomena which by the most perverse process of reasoning can scarcely be supposed to indicate other than a state of defective innervation somewhere.

But, it may be asked, is there nothing else? Is there no peculiar state of the nervous system in epilepsy? Is there no *morbid irritability*? In order to answer this question, it is necessary to ask another—What is morbid irritability? It is not inflammation; it is not fever; it is some indefinable and negative state which occurs frequently in teething, in worm disease, in uterine derangement, and in many other cases—a state in which the patient is unusually depressed by depressing influences, and unusually excited by exciting influences. But what is this state? Is it anything more than mere exhaustion? In difficult teething, the strength is worn away by pain and want of sleep; in worm disease, the parasites help to starve and exhaust the system; in uterine derangement, the health is undermined, in all probability, by pain and by sanguineous or other discharges. In each case there is unequivocal exhaustion of body and mind, and the signs of morbid irritability appear to be nothing more than the signs of such exhaustion. A weak person is more affected by the several agencies which act upon the body from within and from without, and he is so because he is without some of that innate strength which belongs to the strong person; and the person who is morbidly irritable is, in reality, one who, for want of this principle of strength, responds impatiently to the several stimuli, whose office it is to elicit his vital phenomena. In a word, this undue morbid irritability may be nothing else than the natural consequence of that general want of power, the signs of which are written so legibly upon the vascular and nervous systems of the epileptic.

There is no necessity, then, to look upon this morbid state of irritability as an evidence of the existence of any peculiar condition in some part of the nervous system; for, thus interpreted, it only shows that the state of muscular contraction is ill antagonized by nervous influence. Thus interpreted, indeed, morbid irritability only becomes another name for inefficient innervation.

The *theory of simple epilepsy*, therefore, which may be deduced from a consideration of the facts relating to the nervous system is in harmony with that to which we have been led by a review of the state of the circulation and respiration in the epileptic; and this theory is one which tallies as completely with the view of muscular motion set forth in the first lecture, as it disagrees with that commonly received opinion according to which the muscles are supposed to contract convulsively because they are subjected to excessive stimulation.

CLINICAL REMARKS, BY DR. BRINTON, AT THE ROYAL FREE HOSPITAL.

FATAL PERITONITIS.

THE patient, a poor girl of eighteen, who some months ago exchanged the calling of a servant for the life of a kept mistress, from which she has lately lapsed into a brothel, entered the hospital yesterday, after suffering during a whole week with symptoms of peritonitis.

Her father had died of delirium tremens. Her mother, at the age of twenty-eight, and a sister at the age of eighteen, had died of consumption. She herself had had slight cough during the whole winter; during the last month of which she had emaciated. Latterly, her bowels had been constipated.

She lies on the left side, her body and thighs somewhat bowed together. She breathes solely with the upper part of the thorax, and about 36 times in the minute. Her pulse, 120 per minute, is already somewhat collapsed. Her pain, still severe and uninterrupted, has been lessened by the opium judiciously ordered yesterday by Mr. Irvine, the resident physician's assistant.

The excessive tenderness of the whole belly to pressure will not prevent a thorough physical examination of the disease. It may seem a paradox to say so, but even percussion of the abdominal wall implies very much less displacement than the gentlest palpation. Giving a patient strict injunctions to complain of any painful manipulation, and taking care to raise, as it were, the finger struck, so as to meet half way the descending blow of the other finger which strikes it, you will find scarcely the worst cases of peritonitis forbid that careful physical inquiry which is sometimes necessary to diagnosis, and never countermanded, save by its adding to the danger and pain of the sufferer. Nor is this delicacy of touch to be looked upon as a rare (though desirable) accomplishment. A physician who is too dull, or too clumsy, to do, in his profession, what after all requires far less acute and practised senses than he would expect as a matter of course from a sailor, or a watchmaker, or a razor-grinder, as the by-play of their handicrafts, had better seek some other calling which, unlike Medicine, can be executed by half a man; by brains without eyes, ears, and fingers; or by intellect without compassion and sympathy.

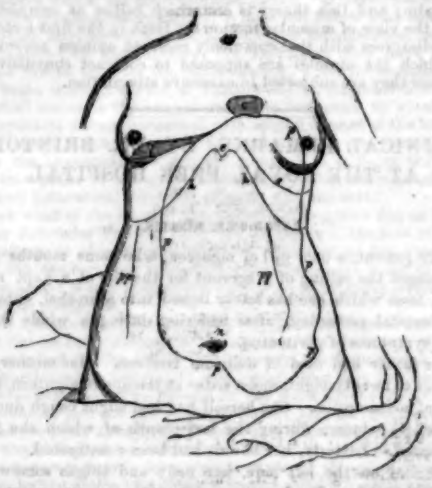
Further on is the diagram so traced over our poor patient's inflamed viscera, without—to judge by her repeated answers to that effect—any increase whatever of her sufferings.

Now as regards the diagnosis of these cases. The symptoms, as ordinarily given in books and systematic lectures, I shall not allude to, save to point out their marked inferiority for all practical purposes to the physical signs we have just mapped out. The *decubitus*, for example, would often mislead you. And I have often seen a slow (50 to 60) pulse, a clean tongue, a moist skin, nay even such anomalies as dilated or irregular pupils, associated with peritoneal inflammation. Tenderness, again, depends on the details of the inflammation, especially the state of its exudation and the degree of its movement. Besides, it is sometimes diminished, or suspended, or removed, in a comparatively early stage of the disease, by conditions so opposite to each other as an intervening layer of liquid, or a close adhesion. And it may, perhaps, have fallen to the lot of many to witness how, even in hospital practice, an old-fashioned trust in these symptoms sometimes permits the necropsy of a

supposed peritonitis to show the serous membrane devoid of all roughness or congestion and everyway healthy.

Turning, then, to the physical signs of peritonitis, there are two which precede, and outlive, all others; which belong to all cases, however differing in intensity; and which therefore surpass all others as elements of the diagnosis. These are, dulness at the inflamed place, and immobility at and around it.

The first of these two is better seen in inflammations less diffuse than that now before us. The last, however, may be profitably noticed where, as in this instance, it reaches its maximum.



c, Cardiac dulness. *u*, Navel. *e*, Ensiform appendix. *l*, Hepatic dulness. *h h*, Edges of hypochondria. *p, p, p, p, p*, Outline limiting the tympanitic region of the belly, and enclosed in a region occupied by a thin layer of liquid. *pp, pp*, Portions of a similar outline formed by the displacement of the preceding. *s*, Curved line forming the lower border of that part of *p, p*, occupied by the stomach, as shown by its sound to percussion.

Looking, for example, to the abdomen of this patient, we find, not only a great general distension, but a perfectly motionless condition of the whole of its anterior wall; in which even the most careful scrutiny fails to detect any perceptible movement during breathing, though each act of inspiration lifts the very bed-clothes below the neck in a way that may be recognised some yards off.

Again, tracing the common boundary line of the chest and belly shows that the diaphragm, and the viscera attached to its upper and under surfaces, are so greatly pushed up as to usurp a considerable portion of the thoracic cavity; the liver being immediately below the right nipple, and the dulness produced by the apposition of the heart to the chest being far above (instead of below) the left nipple.

The dulness produced by the presence of liquid is here modified, by the thinness and wideness of the layer of lymph on the one hand, and by the tympanitic distension of the intestinal canal on the other. The canal, indeed, rises to the surface of the belly, at its middle, as shown by our diagram; stomach and bowel being plainly distinguishable from each other (*at s*) by the different characters of their sounds on percussion.

I am not at all sure that the physiology of these details has ever been accurately pointed out. If I recollect aright, it has been suggested that, abdominal movement being painful and dangerous, Nature circumvents it by a kind of breathing exclusively thoracic.

But this alleged "final cause" is defective as well as "barren" in the Baconian sense. The belly *does* move. Half the thorax does *not*. And I would even add, that the diaphragm does not so much avoid, as lose all capacity for, its ordinary movements. It is paralysed—somewhat to exaggerate its state—by a paralysis, too, which it usually shares with the lower part of the thorax, as well as with the adjacent anterior wall of the belly, and with the co-ordinate muscular walls of the digestive canal. And the paralysis thus caused by peritonitis of its lower aspect is often contrasted with phrenic pleurisy involving its upper serous aspect, in which the agony of breathing is usually deferred and diminished by a long, slow, deep breathing, such as brings the whole chest into play, until checked by an effort which looks very like a voluntary one of the poor patient.

This seems, therefore, the clue to the physical signs of peritonitis: paralysis, and hence distension, of the intestines and the belly; including in the latter all its movable walls, whether muscular, costal, or diaphragmatic. Paralysis, caused by a state which also produces pain, but often outlasting it; independent of all liquid effusion, compatible with scarce any exudation whatever. Paralysis, let me add, such as rarely or never annihilates all movement, even in the enormously tympanitic bowels which seem to demonstrate an utter stagnation.

For often, as in this case, the repetition of a careful physical inquiry, three or four minutes after the outline of the liquid has been unmistakably mapped by percussion, will show that the abdomen (to all appearance as motionless as the patient) has been the seat of a great change in the arrangement of the bowels and of their surrounding exudation. Our patient, for example, has not stirred in the few seconds that elapsed since we marked out the line *p p*; and yet its distinct curves are now as distinctly replaced by those of the parallel outline *pp, pp*, showing a considerable intestinal movement.

Another point we may notice is, the ease with which fluctuation is detected in these cases. Whenever a skilful manipulator is in doubt about the presence of this symptom, it would, I believe, be safe to say that it is really absent. At any rate, I suspect that errors are incomparably more frequent in the opposite direction; in the affirmation of fluctuation where none exists. The "fluctuation" of the surgeon, however, is not always the "*thrill*" which seems most easy and conclusive for the physician in these cases to detect. Here, as you may feel, this sign can not only be obtained without any pain to the patient; by one light tap of the finger, with half of the hand barely touching the belly a few inches off—but merely to place the hand gently on the belly gives you a perceptible thrill at each effort of breathing, limited as this act seems to be to the subclavian regions only.

The diagnosis not only affirms extensive (almost universal) peritonitis, but refers this peritonitis, conjecturally, to such an ulceration of the ileum as is itself a disproportionately large and early element of pulmonary tuberculosis. The scanty breathing sounds on the right side indicate the tubercle, probably deposited in both lungs, to predominate here.

The same history and symptoms which justify this opinion permit no hope of a cure. To assuage pain is almost all we can expect to do; and even in this, our success is likely to be but imperfect.

[The patient died in five days. The necropsy confirmed the above conjectures, save only as respected the quantity of liquid in the peritoneal cavity. Scanty as it had been at first, the exudation had been still further reduced by absorption before death.]

ON

THE TREATMENT OF ANEURISM FROM ANASTOMOSIS BY EXCISION.

BY OLIVER PEMBERTON, ESQ.,

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THE description which John Bell gave, in 1796, of the aneurismal tumour, which he ventured to call "Aneurism from the dilatation of anastomosing vessels," has never been surpassed in accuracy: the varicose tumour of Petit, the erectile tumour of Dupuytren, the telangiectasy of C. F. Graefe, and even the arterio-capillary tumour of Gerdy (Chirurgie Pratique, t. ii. p. 493), fail to convey a more correct notion of the features of this remarkable disease. To our knowledge, then, of the anatomical characters or the pathological condition of the parts entering into the structure of these tumours there can be little added that would not be found already recorded in the luminous pages of Bell, or in the writings of those other authorities to whom I have referred. It is otherwise, however, with the question of treatment.

For the most part the means of treatment selected in the hope of curing "aneurism by anastomosis" resolve themselves into three well-marked divisions. These are—

1. Endeavours to alter the intimate structure of the tumours, so as to render the further development of the arterial network

well nigh impossible, and at the same time to promote its destruction and absorption.

2. The deligation of the principal arterial branches that are distributed within the tumour itself, or of those main trunks that immediately give off the branches that nourish it and pass about its locality.

3. The excision of the disease.

The first division comprehends pressure, the use of refrigerants, of caustic pastes, the injection of astringent fluids, and the introduction of setons and of needles with the view of exciting suppuration. Without, here, more particularly inquiring as to the value of compression, refrigerants, caustics, and the injection of astringent fluids, it may be affirmed that each one of these methods will prove of great utility in certain cases; these will, however, be found to be characterized generally by their comparative insignificance in size, and by their situation on the more solid textures of the frame. They appear to me altogether inadmissible in a case like that which I am about to relate, as their exhibition could only delay the attainment of the end in view. On the other hand, the introduction of setons, of numerous single threads, of needles, and ligatures, with the view of exciting suppuration, or other means of treatment having similar objects to attain—all these will be eminently useful, even should they fall short of effecting a complete cure of the disease. The excitement of suppuration in all parts of one of these vascular growths cannot fail in changing completely the nature of its structure; so that should absorption of the now altered tissue be, from its size, a matter of improbability, at least one great danger—that of hæmorrhage—is absent, and other steps to ensure its removal can now be adopted in safety.

Of all the methods of treatment devised for the relief of this formidable disease, perhaps none have resulted in so great disappointment as that in which the ligature of either the main arterial trunks, or their branches supplying the tumour, has been accomplished. The return of blood into the disease in many instances occurred as certainly as the flow through the main channel was cut off, and where the only branch yielding a supply was apparently arrested, a new one, ere long, was found to have arisen near the same place. An exception, however, to this result, as will be seen, must be made in favour of those tumours situated in or near the orbit.

Of forty-five cases in which the ligature was applied, either on the branches or the principal trunk, the following results were obtained:*—

In ten of these cases the branches were ligatured. Of the patients who were submitted to this treatment not one was cured!

In thirty-five the principal trunk was tied. Of this number, fourteen were cured, ten died, nine were unsuccessful, and in two the result was imperfectly given. Further, in reference to situation, of these thirty-five, six cases were tumours in the orbit; of these, five were cured, and the sixth was reported as being imperfectly so.

It would appear, then, from these observations, that the ligature on the branches has altogether failed, and that where the principal trunks were tied, success was only remarkable when the tumours were within the orbit.

With such evidence of the danger and uncertainty attending this practice in the treatment of these diseases, under what circumstances, let us inquire, are we justified in resorting to it? In the first place, the tumour must be sufficiently formidable as to endanger the life of the patient, should its further increase be unarrested. Secondly, to check hæmorrhage. Lastly, with the view of preparing the tumour to undergo, in comparative safety, that most certain of all remedies, (where its situation renders it practicable,) the excision of all the parts entering into its formation.

The excision of the structures constituting aneurism by anastomosis, seems to have impressed, in a very strong degree, the minds of those surgeons who first directed their attention to its relief. "You must not cut into it, but cut it out." This was the opinion held by John Bell, and he vigorously and successfully illustrated its value. J. L. Petit held the same doctrine, expressing it in the important caution that the incisions should be made in the sound tissues, where the bloodvessels were unaffected.†

George Freer, who published his "Observations on Aneurism," in 1807, and who added a lustre to his connexion with the General Hospital in this town that has never been surpassed, by being the first to successfully tie the external iliac artery for the cure of femoral aneurism, also was impressed with the importance of the total removal of these growths by the knife. He records two cases, in which the disease was situated in the cheek, wherein the treatment by excision was attended by complete success. (p. 34.)

More recently, surgeons have been content to regard the operation by extirpation as the means of treatment that should be adopted when all others have failed. There are no records of late years, that I am aware of, of cases where this mode has been resorted to in the first instance; and yet there are many instances where such a course would have induced far less suffering, and would have placed even life itself in smaller peril. Thus Nélaton (*op. cit.*) relates, that M. Mussey, for the relief of a fungus of the head, tied both common carotids, but was after all obliged to have recourse to excision, and cured his patient.

Dr. Warren's case also (*American Journal of Medical Science*, 1846) may be perused with advantage, as it shows that however necessary preliminary treatment may be ere excision can be ventured on in safety, it yet must come to it at last. The tumour, in this instance, was situated on the forehead, and was three inches in diameter: after repeated applications of needles and compressing ligatures to the arteries in the neighbourhood of the disease, together with the use of caustics, the cure had to be completed by excision.

This excision, or complete extirpation of the diseased structure, need not of necessity be carried out by the knife. Sir Benjamin (then Mr.) Brodie effectually accomplished it in the case of a tumour similarly situated, and which had resisted all previous efforts at cure, by means of ligatures so applied around steel needles, that complete strangulation was produced at its base. ("Medico-Chirurgical Transactions," vol. xv., p. 177.) The situation, however, of the disease, must be the main guide to the selection of the mode by which it shall be thus entirely removed.*

The following case will illustrate most of the points that have been referred to in the preceding observations:—

A. W——, aged fifteen, a tall, spare, sallow-complexioned girl, was placed under my care in the General Hospital, Birmingham, on the 19th of November, 1858, by Mr. William Higgins, surgeon, of Abbots-Bromley, in Staffordshire, for the relief of a vascular enlargement of the upper lip.

History.—Her parents are living, and healthy. She has had twelve brothers and sisters, of whom six are living. No member of her family, to her knowledge, has any mark or deformity, or any affection similar to her own. She has been always somewhat delicate in health, but has not had a serious illness. Menstruation commenced a year since, and has continued regular to the present time. The growth first made its appearance when she was three years old, in the form of a small red spot on the left half of the upper lip, and has gradually increased to its present dimensions. Both lobes of the thyroid gland are considerably enlarged.

Present condition.—The left half of the upper lip is entirely occupied by a large pulsating, compressible mass, of a dusky-red colour. The disease extends upwards as high as the malar bone; outwards, to within a short distance of where the facial artery crosses the lower jaw; inwards, for half an inch beyond the mesial groove; and downwards over the mouth, closing completely the view of its orifice, and concealing the lower lip. It implicates within these limits the entire thickness of the lip and cheek. At the free margin of the growth, where it is most depending, ulceration has taken place through the red line of the lip, a thick brown scab marking the arrest of recent bleeding. The dusky-red colour fades away very gradually in the white of the cheek and lip, its disappearance being shown by numerous veins displaying themselves for the first time, coursing downwards on all sides towards the tumour. There is visible pulsation. Grasped by the hand, its bulk somewhat diminishes, and a strong throbbing sensation is experienced as if conveyed throughout the entire swelling; whilst, in places, vehement pulsation, synchronous with the wrist pulse, is observed. The bridge of the nose, for rather more than an inch, is occupied by a similar structure, presenting the same dusky-red appearance, and of a similarly pulsating character. Compression of the facial arteries does not appear to perceptibly diminish either the bulk or the pulsation of the tumour. These vessels are large, tortuous, and unnaturally prominent; they roll under the finger like pieces of whipcord, but the left one is much larger than the right.

The tumour has always been more or less painful, but to a

* Nélaton, Elémens de Pathologie Chirurgicale, tom. i., p. 540.

† "J'ai traité, dit Petit, plusieurs de ces tumeurs, que j'ai emportées sans avoir la moindre hémorragie; mais je coupais les vaisseaux dans le lieu où ils n'avaient que leur diamètre naturel."

* See Mr. Hodgson's case, "Medico-Chirurgical Transactions," vol. ix., p. 216.

greater degree since menstruation, the recurrence of a period being marked by increased energy in the pain experienced, as well as by turgidity and livid discoloration. About three months ago it bled for the first time. The blood was of a bright arterial colour. She was then menstruating, and the bleedings have been especially repeated at each monthly period since. The annexed woodcut accurately represents her appearance at this time:—

A sharp attack of arterial hæmorrhage having taken place a few weeks after her admission, on the 15th of December, under chloroform, I proceeded to place a ligature on the left facial artery as it crosses the lower jaw. On exposing the artery, it was seen to be as large as a goose-quill, varicose, with its walls thinned in the extremest degree. It was so closely adherent to the vein, similarly enlarged, that in separating it the vessel gave way, and bled furiously. I therefore at once tied both vessels, placing a ligature above and below the rent, so as to effectually control the hæmorrhage. After this was accomplished, the pulsation appeared to me diminished, but not materially so. The ligatures separated without bleeding on the twelfth day. The tumour was not altered in size, but the vehemence of the pulsation was considerably lessened.

Jan. 17th, 1859.—A portion of the under and inner part of the lip, measuring two inches in diameter, was included in a noose, after the method of that described by Mr. Fergusson, (*Edinburgh Monthly Journal of Medical Science*, 1847.) Free suppuration in the part strangled followed this proceeding, and once or twice active arterial hæmorrhage. The application of cold, however, and repeated dressings with the tincture of the sesquichloride of iron sufficed to restrain it.

Three weeks after this I passed a needle underneath the superior coronary artery on either side, as it ran, enlarged and tortuous, to the disease. All pulsation ceased in the intermediate portion of the lip on the tightening of the strings cast around the needles. At the end of a week these were withdrawn.

March 16th.—Pulsation has ceased altogether in the lip, mainly between the situation of the ligatures on the coronary vessels. It yet remains in the cheek and at the root of the nose. The tumour generally is harder to the feel, but unaffected as to size. Two needles were passed beneath the vascular parts on the bridge of the nose on either side close to the cheek, and ligatures firmly cast around them. These were removed on the 23rd, when the pulsation was found to be diminished, but not destroyed.

May 11th.—Three threads, doubled, were passed from above downwards, starting at regular intervals, from within outwards, on a level with the malar bone, and traversing the swelling in the following manner:—The needle was entered at its upper limit, and a single thread was passed subcutaneously so as to come out where the skin joined the red margin of the lip, and there left free. The upper end of the thread, left sufficiently long for this purpose, was next carried through the same aperture from which the first one started; but it was made to penetrate deeper, so as to run close above the mucous membrane of the mouth, having its point of exit opposite to the thread already placed, the thickness of the lip and of the disease intervening between the two strings. This process having been repeated in two other portions of the tumour in a precisely similar manner, the six threads were next tied firmly, the effect being that the mass shrank and contracted upwards to such an extent that the lower lip became visible.

31st.—These threads were removed. Their presence has excited general suppuration, and the tumour, though not smaller in size, is much harder and more circumscribed in its character.

June 15th.—Two portions, of the size of a half-crown each, situated in the front view of the mass, were transfixed by needles crossing each other; threads were passed around these, and the tissues strangled between them.

21st.—These needles were withdrawn, having excited further suppuration in the disease. There is now only very slight pulsation to be detected in the cheek, whilst it has altogether disappeared from the lip.

From this date, the parts inflamed and irritated by the repeated introduction of threads and needles were permitted to subside. All tendency to hæmorrhage ceased, the wounds healed, and the lip and cheek settled down in a permanent, solid tumour, scarred and disfigured by the treatment necessary to destroy its vascular character.

I could now only contemplate the excision of this, as promising to relieve my patient permanently and effectually of so dreadful a malady. In this view I was strengthened by the opinion of Professor Syme, who, visiting the hospital with me in August, and carefully examining the condition of the disease, recommended this mode of treatment as the one alone calculated to afford her relief.

With the view of recruiting her health, somewhat impaired after nine months' confinement within the hospital, I advised her going home for a time. Accordingly, she left on Sept. 2nd, and was re-admitted on Sept. 27th, looking well and strong. At this time, on examination, only a very faint pulsation in the upper part of the disease could be detected. There was no thrill, and no ulceration. The deformity, however, was even more striking than at first.

Oct. 5th.—Under chloroform I proceeded to extirpate the growth in the following manner:—A double-edged knife was passed at once through the cheek into the cavity of the mouth, at a point to the outside, and rather behind, the malar bone, all the tissues being then rapidly severed downwards to the angle of the mouth. From the commencement of this first cut a second was made to run obliquely across the cheek, close to the left ala of the nose, so as to extend beyond the mesial groove of the lip, thus including between the two incisions the entire disease, in a V-shaped flap. The hæmorrhage for a few moments was alarming. Ligatures were rapidly applied, which sufficed to control its more prominent sources, but it continued abundantly, until the parts were drawn closely together by hair-lip needles. After five of these had been inserted so as to have a good wide sweep from the cut edges, and the threads drawn around them, the bleeding ceased. Owing, however, to the great thickness of the cheek, the wound came together with some difficulty, and there was in places a good deal of irregularity and tension about the needles. The patient was faint from loss of blood, and required an abundant supply of stimulants ere it was prudent to remove her to bed. On examining

the excised part, scarcely any traces of the original structure were to be detected. The materials of which it was composed

appeared of firm, unyielding texture, with numerous fibrous bands intersecting. The delicate cellular and vascular tissues had evidently entirely disappeared in the repeated suppurative processes to which they had been subjected. The broader portion measured upwards of three inches in length, whilst it was nearly two in thickness.

Oct. 9th.—Three needles were removed yesterday, to-day the remaining two. The parts are much swollen, but there is no gaping of the edges. After this, her progress was most favourable; the wound healed rapidly, and as the scars of the needles diminished in their prominence, it was wonderful to remark how little the cheek seemed to have lost, notwithstanding the great gap that had been made in its substance by the operation. Towards the lip and left angle of the mouth there was even yet too much material left, and could more have been taken away, having a due regard to the subsequent union of the parts, I felt that her appearance might have been still more improved. Notwithstanding this impression of my own, she seemed well pleased at her appearance, and expressed herself as contented to abide by the result, which is accurately portrayed in the second woodcut, taken just before her discharge from the hospital on December 9th, 1859.

The foregoing narrative warrants the conclusion that the ultimate treatment of aneurism by anastomosis must be by the complete excision of the parts which happen to be involved in the disease. It matters not what amount of time may be occupied in the preliminary treatment; this, by whatever means accomplished, will have reference to but one object—the diminution of the vascularity of the growth, so as to render extirpation as early as possible practicable.

Whilst, then, it is admitted that there will always be cases in which the surgeon will wisely resort to general means of treatment to alter the structure of the growth ere the knife is made use of, (in which category I would place the case of A. W——,) yet there may be others where in the first instance a contrary method may be desirable, and the deformity be removed without any delay.

In the selection of the early mode of treatment, much will depend on the circumscribed or diffused character of the disease. Where the latter feature prevails, the diminution of the vascularity should be sought by all possible means; whilst in the former, we may safely cut it out at once. The following circumstance will add value to this opinion:—

Within a few days of Professor Syme's examination of this patient with me, a case precisely similar was sent to him, for his opinion, by a surgeon at Carlisle; it was, however, in the pulsating stage. Mr. Syme advised its complete removal without delay; and as the patient desired him to perform the operation, it was at once done. In describing the proceeding to me in a letter ten days subsequently, he says: "There was not more than the ordinary bleeding from the same extent of excision, but the gap was fearful. It extended from beyond the angle of the mouth to the other side of the nose, and nearly up to the eye. Nevertheless, by cutting laterally through the cheek, I obtained sufficient freedom to bring the edges together. They have united perfectly, and I really do not think you could tell that any freedom of consequence had been taken with the face."

It will be noticed that the bleeding in this case was not more than ordinary. The disease was, I have no doubt, accurately defined, and admitted of the vessels being secured in that situation where they were of only common magnitude. On the other hand, after nine months of treatment of various kinds, I could only describe the hæmorrhage as of a most formidable character in the case I have adduced; and I can now only attribute this to the eminently diffused nature of the tumour, its structure shading off almost imperceptibly into surrounding parts.

We are justified, then, in arriving at the following conclusions which may regulate our surgical treatment of these cases:—

a. To cut out the parts containing the vascular structure as speedily as possible.

When the lips are the seat of disease, this proceeding may, in some instances, be adopted, to the exclusion of all other modes.

b. If this excision cannot with safety be accomplished in the first instance, when the disease is otherwise situated, owing to the dangers of hæmorrhage, or the prospect of too great disfigurement, the branches of arteries leading into the growth should be tied subcutaneously by needles and ligatures, whilst the intimate structure of the disease may be further altered by the introduction of numerous double threads, in the way I have described.

Should the situation be altogether unfavourable for the use of the knife, Sir Benjamin Brodie's plan of strangulation at the base should be adopted.

By whatever mode, however, the vascular character of the growth is modified, let this change only be desired in the hope that one or other of the means of extirpation I have mentioned may be carried out.

Temple-row, Birmingham, April, 1860.

ON THE

INFLUENCE OF TROPICAL CLIMATES

ON THE

RISE, PROGRESS, & TREATMENT OF UTERINE INFLAMMATION.

BY EDWARD JOHN TILT, M.D., M.R.C.P.L.,

CONSULTING PHYSICIAN TO THE FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY.

(*Concluded from page* 419.)

THE etiology of uterine inflammation in tropical climates, its rapid progress and unusually severe symptoms, have been considered in previous communications; but a still more important question must be briefly answered.

3rdly. *What modifications are required in the treatment of uterine inflammation in tropical climates and in tropical invalids?*

Considered in this point of view, the treatment of uterine inflammation divides itself into the treatment to be adopted during a residence in tropical climates, and that required after returning to a temperate region.

1. *Treatment of uterine disease in tropical climates.*

It is obvious, from what has been previously stated, that, on arriving in India or any other tropical region, young women should keep quiet, and learn to so adapt themselves to the climate as to obviate its inconveniences and ward off its dangers before their constitution be subjected to any fresh trial of strength. It would be wise to seek to re-establish the regularity of the menstrual flow, and not to allow marriage to take place until this be accomplished. European habits of activity should be kept up so far as experience teaches them to be consistent with health; riding and driving at dawn and sunset are evidently indicated; and it is for those who practise in hot climates to decide how far exercise under solar influence is or is not prejudicial to European women. It is evident that, so far as the male sex is concerned, this is not followed by the evil results which might have been anticipated. It has been remarked by the well-known writer on military medicine, Dr. Robert Jackson, that in the East and West Indies, European troops were never so healthy as when actively engaged under solar influence, and never so sickly as when reposing in barracks. The healthiness of the European troops engaged in the late siege of Delhi, under tremendous heat, was a matter of wonder. For myself, I never felt stronger than during the ten days spent in crossing the desert from Gaza to Cairo, in saddle all day, at the end of May, the thermometer ranging from 100° to 120° Fahr.

The strengthening influence of the cold bath and cold shower-bath is well known; but even when European women are not suffering from uterine inflammation, it would be well if, during a residence in tropical regions, they were to impart to the womb a portion of that bracing influence so largely given to the skin, by the daily use of cold water injections, administered by means of one of those vulcanized india-rubber syphon syringes, which can be so easily and safely employed.

I have been told by medical men who have practised in the East and West Indies that, even when not inflamed, the womb is in an irritable condition, and that the uterine and the vaginal secretions are unusually abundant; and Dr. D. Stewart even admits a morbid condition in these secretions, which so react on the womb as to bring on inflammation. Under these circumstances, it is evident that the habitual use of cold water vaginal injections is the best preservative against uterine inflammation, and the best means of enabling European women to prolong their residence in a hot climate. A change to the hills or a sea voyage are good modes of preventing uterine inflammation when it is brought on by failure of constitutional strength.

With regard to the treatment of uterine inflammation as it occurs in India, Dr. D. Stewart, Dr. Scott, and many other practitioners fully adopt the principles of treatment laid down in Dr. H. Bennet's writings and in my own. They do not believe that the womb escapes from the general rules of pathology, and maintain that its diseases require local or surgical measures as well as constitutional. Indeed, they consider constitutional remedies like quinine and steel as less useful in India than in England, and rather build their hopes of recovery upon the application of the nitrate of silver or stronger caustics to the inflamed or ulcerated surface of the womb, alike in the native women and in the female European residents. In the latter, however, it frequently happens that the constitution is so undermined by the enervating influences of climate, that, notwithstanding the best treatment, the ulcerated womb will not heal, or reopens soon after healing, so as to render imperative a return to a more bracing climate.

2. *Treatment of uterine inflammation in those who return from a tropical country.*

When patients of either sex return from India for some serious operation, they are very judiciously advised by the old Indian practitioners, who reflect so much honour on British medicine, not to have the operation performed until the blood has been renovated, and the constitution braced up by a year's residence at home; but I think it would be very injudicious to extend this injunction to the healing of uterine ulceration by surgical treatment. The constitution is much more liable to suffer from the continuance of an irritable sore than by the application of the lunar or even a more energetic caustic.

With regard to the principles of treatment which I consider best in the various forms of uterine inflammation, it would be out of place to discuss them in the present communication. My views and those of my friend, Dr. H. Bennet, have been long given to the profession; but those who adopt them must expect to find the treatment of uterine disease in tropical patients baffled by complications, so as to protract the cases much beyond the usual period of their duration.

This inability to recover health, notwithstanding the best treatment, constitutional as well as surgical, is in the anæmic to be referred to the deteriorated condition of the blood and to a thorough exhaustion of nerve force, and recovery will reward perseverance with a well-adapted succession of tonics. Travelling, a residence at the seaside, sea-bathing, and hydropathic appliances will often render great service in such cases. In others, the favourable progress which had at first followed a well-directed plan of treatment will be suddenly checked, without any assignable reason, until successive biliary accumulations and outpourings indicate chronic disease of the liver, which requires to be treated by mercurials, alkalines, tonics, and judicious regimen, or the uterine disease will not progress favourably. In a patient now under treatment, a large quantity of bile is vomited or passes from the bowels once or twice a month, often without known cause, sometimes from worry and fretfulness, and this has been the case for several years.*

Sometimes the check to the favourable progress of uterine inflammation will be explained by the patient getting wet through, or suffering some severe mental shock, which brings back a return of ague or of remittent fever; and the uterine disease will not yield until these complications are cut short by quinine. In such cases, when the local complaint is grafted on thoroughly broken-down constitutions, it would be injudicious to follow up the surgical treatment of the uterine inflammation until the complete removal of all uterine lesions. Whilst these are kept in abeyance by medicated injections, one should seek to improve the system by change of climate, mineral waters, and hydropathic applications, with the view of inducing those constitutional changes which may cure the various elements of the case, should such changes not arise spontaneously in the course of time—the chief remover of chronic disease. At repeated intervals, varying from three to six months, it would be well to test the progress made towards the restoration of the constitutional powers by the effects of local treatment on the persistent uterine disease, continuing the treatment during three weeks.

During the last ten years I have known young women sent out to India in whom menstruation was so irregular as to afford little chance of the maintenance of health; I have attended patients who have been almost crippled for life by remaining in India long after the development of uterine inflammation; others I have seen who had come back to England on account of uterine inflammation, returning to India before the disease was quite cured, and speedily obliged again to abandon their Eastern homes by a relapse of the old complaint; and I have therefore been led to insist on the following practical rules:—

1. When menstruation has been habitually morbid in a temperate zone, women should not form permanent settlements in the tropics.

2. Those who have frequently suffered from uterine inflammation in a temperate region should not take up their abode in tropical countries.

3. When the European residents of tropical countries suffer severely from uterine disease, they should remove to a temperate climate.

4. Those who come back to Great Britain from tropical regions invalided by uterine disease should not return to their Eastern homes until some months after the cure of the uterine disease.

I feel convinced that a close adherence to these rules would prevent a large amount of disease, save a useless expenditure of money, and check the social misery which often follows the loosening of family ties by long continued absences.

Grosvenor-street, Grosvenor-square, 1860.

* Dr. Copland ascribes the prevalence of liver diseases amongst the European residents in tropical countries to the liver being larger and its secretions more copious in the European than in the Negro and in the Mongol races: but my friend, Mr. Robert Clarke, who has been colonial surgeon at Sierre Leone and at the Gold Coast for twenty-two years, and who had abundant opportunities of testing the value of this assertion in hospital practice, assures me that he has not observed any difference in the size of the liver in the Negro and in the European.

ACUTE NEURALGIA CURED WITH THE AID OF THE CONTINUOUS GALVANIC CURRENT,

WITH PECULIAR SYMPATHETIC EFFECT UPON THE UTERUS.

BY HARRY LOBB, M.R.C.S., &c.

THE following case will be interesting, not only to those who look upon galvanism as a valuable therapeutic agent, but to the physiologist, who may perceive a peculiar sympathetic or searching action of the galvanic current, whereby the real organ in fault is sought out by the fluid, and the reflex action of the nerves demonstrated.

I was sent for on the 29th ultimo to see a lady suffering from the most acute neuralgia of the nerves of the upper and lower jaws and temple of the right side. She could obtain no relief from the remedies she had tried. The week previously she had been attacked with neuralgic pain in the right knee; but this had departed since the appearance of the pain in the jaws. Her age was about forty-six, and she had not menstruated for seven months; otherwise she was in tolerable health. Her teeth had been examined by a dentist, and pronounced sound.

I applied the continuous galvanic current to the jaws and temple with the aid of a Pulvermacher battery—the positive pole beneath the ear, the negative to the various painful parts,—for half an hour. I left the battery, explaining its use, and desired it to be applied the moment there was any return of pain. This did not occur till the evening, when it was applied, and the lady had a good night, awaking free from pain. She passed the day well, but about one A.M. on Tuesday (the 1st instant) she had the most acute agony in the upper jaw it was possible to conceive, when the current was applied, and she fell asleep in the midst of it. She awoke in the morning free from pain, menstruation having come on during the night; this has progressed favourably, and she had no return of the neuralgia.

This might be considered by some to be an accidental coincidence, and not induced by the galvanism; and this plea I should allow if I had not already had several allied cases where the same effect had been produced in the same manner, and quite as unexpectedly; for I did not learn the condition of this lady until afterwards.

I have frequently observed that galvanism has this peculiar power of selection: that although, through pain or some other cause, the current may be applied to a part or organ, some distant and hitherto unsuspected organ is stimulated by it, and pain is removed, at the same time secretion is induced in a complementary gland.

Brook-street, May, 1860.

GARIBALDI'S EXPEDITION. — Three medical men are attached to the Alps Rifles forming the nucleus of Garibaldi's little army. Their names are Ripari, Boldrini, and Giulini.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH, 1860.

MR. F. C. SKEY, F.R.S., PRESIDENT.

ON THE CONDITION OF THE BLOOD IN MANIA.

BY W. CHARLES HOOD, M.D., L.R.C.P.,
PHYSICIAN TO BETHLEHEM HOSPITAL.

DURING the last few years, the attention of many scientific investigators has been directed to the condition of the blood in disease, and the discovery of some valuable facts has been the result. These have accumulated, and amongst them are instances which furnish support to the belief that there is some equivalent change in the blood in all diseases; and that the blood in *acute mania* forms no exception to the general rule may be gathered from the writings of Drs. Hittorf and Erlenmeyer. Much remains to be done before we can have any exact knowledge of the state of the blood in insanity, and the author, with the able assistance of his friend Dr. Marcet, has been induced to make careful analyses of the blood of six maniacal patients, during the paroxysm and in a state of convalescence, which induce him to think that the facts arrived at (not before indicated) show, that *there is a marked deficiency of fibrine during the period of maniacal excitement, and a correction of this deficiency during convalescence.* The blood was drawn by cupping at the nape of the neck to the same amount in each case, and immediately collected in earthenware pots containing about two ounces each; and it was in every instance within a few hours of extraction subjected to the same method of analysis. The six cases selected were three of "acute" and three of "recurrent mania."

CASE 1.—*Acute Mania.*—W. G——, aged twenty-one, admitted into Bethlehem Hospital in December, 1856, became maniacal one month before admission. Hereditary tendency traceable in both his father and paternal grandfather. There was no apparent bodily disease. The patient was of spare habit and an excitable temperament, and had not been subject to any medical treatment previous to his admission. Nourishing diet was prescribed, and the following sedative mixture: acetate of morphia, half a grain; tincture of hyoscyamus, one drachm; camphor mixture, eleven drachms,—three times a day. At the end of a fortnight, the morphia was increased to one grain, three times a day. In September, 1857, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	777·39	Water	784·93
Red particles	149·74	Red particles	110·07
Fibrine	1·74	*Fibrine*	2·29
Albumen, &c.	63·28	Albumen, &c.	90·63
Inorganic salts... ...	7·85	Inorganic salts... ...	8·00
Fatty matter	0·00	Fatty matter	4·17
	1000·00		1000·00

CASE 2.—*Acute Mania.*—W. T. G——, a drum major in the Guards, admitted into Bethlehem Hospital in March, 1857; was married, and had lived a temperate life. He was very excited, noisy, mischievous, and incessantly talking. Morphia and sedatives, with full diet, were prescribed. In March, 1858, he was discharged cured.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	791·64	Water	758·76
Red particles	125·48	Red particles	140·61
Fibrine	1·53	*Fibrine*	2·75
Albumen, &c.	69·84	Albumen, &c.	87·28
Inorganic salts... ...	8·98	Inorganic salts... ...	8·82
Fatty matter	2·51	Fatty matter	1·70
	1000·00		1000·00

CASE 3.—*Acute Mania.*—E. R——, married, and the mother of four children, was admitted into Bethlehem Hospital in June, 1857, and discharged cured in May, 1858.

Analysis of the Blood.

During maniacal excitement.		When discharged cured.	
Water	806·71	Water	800·90
Red particles	104·68	Red particles	109·32
Fibrine	1·67	*Fibrine*	1·75
Albumen, &c.	76·3	Albumen, &c.	74·99
Inorganic salts... ...	7·41	Inorganic salts... ...	8·89
Fatty matter	3·00	Fatty matter	4·15
	1000·00		1000·00

CASE 1.—*Recurrent Mania.*—E. J. G——, a single woman, was received into Bethlehem Hospital in 1837; since which date she has been subject to repeated attacks of recurrent mania, the paroxysms lasting five weeks, and being followed by two weeks' tranquillity and apparent mental restoration.

Analysis of the Blood.

During maniacal excitement.		During the convalescent stage.	
Water	769·66	Water	811·68
Red particles	121·77	Red particles	126·01
Fibrine	1·58	*Fibrine*	2·88
Albumen, &c.	98·44	Albumen, &c.	47·54
Inorganic salts... ...	8·55	Inorganic salts... ...	9·31
Fatty matter	0·00	Fatty matter	2·58
	1000·00		1000·00

CASE 2.—*Recurrent Mania.*—F. B—— was admitted into Bethlehem Hospital in the year 1838. The mental disease was clearly traceable to hereditary tendency. She suffers from alternations of mental excitement and tranquillity. The blood was taken in each of these states:—

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	784·07	Water	765·73
Red particles ...	123·81	Red particles ...	139·05
Fibrine	0·06	*Fibrine*	2·48
Albumen, &c. ...	81·69	Albumen, &c. ...	81·75
Inorganic salts ...	8·62	Inorganic salts ...	8·69
Fatty matter ...	1·75	Fatty matter ...	2·92
	1000·00		1000·00

CASE 3.—*Recurrent Mania.*—W. D—— was admitted into Bethlehem Hospital in June, 1841, at the age of twenty-nine, since which time he has been subject to continued attacks of recurrent mania: for a month or six weeks he will be found rational and conversable; but during the succeeding five weeks or more his entire mental condition appears to have undergone a revolution; irritability succeeds the natural amiability of his conduct, and he assumes the habits and bearing of a congenital idiot. The analysis of the blood was made at such periods as would best represent a fair specimen of each particular state:—

Analysis of the Blood.

During the maniacal paroxysm.		During the convalescent period.	
Water	773·86	Water	779·93
Red particles ...	135·56	Red particles ...	121·65
Fibrine	1·96	*Fibrine*	2·97
Albumen, &c. ...	79·22	Albumen, &c. ...	87·16
Inorganic salts ...	7·99	Inorganic salts ...	8·29
Fatty matter ...	1·41	Fatty matter ...	0·00
	1000·00		1000·00

On comparing these cases with those of an analogous character which have been put on record by Drs. Hittorf and Erlenmeyer, the lesson taught by them becomes more pointed and cogent.

M. Hittorf has recorded seven cases of acute mania in which he analyzed the blood during the stage of maniacal excitement, and he concludes from them that there is in such cases a *diminution* in the amount of the globules, and an *increase* in the amount of water; the cases, however, show more than this, for they prove *a distinct diminution in the amount of fibrine of the blood.*

M. Erlenmeyer states that he has made 304 analyses of the blood, principally in cases associated with other internal diseases. He only details three cases; in two of them mania was accompanied by epilepsy. The conclusion drawn by Dr. Erlenmeyer from these cases, and from others not quoted, is, that augmentation in the number of red particles or in the amount

of fibrine is a very unusual occurrence in insanity, and that the opposite state is the most frequent condition.

In all these cases, therefore, that have been instanced, there is a material deficiency in the amount of fibrine in the blood. Of Dr. Hittorf's seven cases, in six the amount of fibrine stands 1·3, 1·4, 1·8, 1·9, 1·9, 2·0. In Dr. Erlenmeyer's three cases the amount of fibrine stands 1·7, 1·8, 2·3. While of our own six cases, the fibrine *in all* falls considerably below the normal standard, as follows: 1·9, 1·7, 1·6, 1·5, 0·06. Surely these results express something more than an accidental coincidence.

CASES OF CEREBRAL AFFECTION CAUSED BY DISEASES IN THE REGION OF THE NOSE AND EYE.

BY DR. HERMANN WEBER.

The first case was that of a man, aged twenty-five, who was attacked by erysipelas of the right cheek, eye, and right half of the nose on December 14th, 1850. Nine days later, when he was almost convalescent, he began to complain of a dull headache, which was followed by symptoms resembling those of acute hydrocephalus. On Dec. 28th, he was somnolent, and there was incomplete left-sided hemiplegia. On Dec. 31st, there was a marked improvement of all the symptoms; but already on the evening of the same day the patient became again comatose, and died on January 2nd.

Autopsy. — The right cavernous sinus and ophthalmic vein were distended and filled with a greyish-red coagulum, which adhered firmly to the rather thickened walls. The exterior layer of this thrombus was more discoloured and crumbly than the centre, the latter being softer, and of cherry-red colour. There were, besides, sero-purulent effusion in the lateral ventricles, with softening of their walls, considerable swelling and redness of the choroid plexuses, and purulent meningitis on the lower surface of the anterior lobe of the right hemisphere.

CASE 2.—A man, aged twenty-four, had contracted primary syphilis in 1845, and had afterwards suffered from secondary and tertiary symptoms. He was first seen by the author at the German Hospital in Nov., 1851, when he was affected with syphilitic ozæna and necrosis of the vomer and other bones of the interior nose. By iodide of potassium and injections he was much improved; but discontinued the treatment before he was cured. On Jan. 29th, 1852, a few days after the discharge from the nose had ceased, and the nose had been "stopped up" by dried crusts, the patient was suddenly seized with headache and rigors, which were at first of a strikingly intermittent character, returning every night; but after a few days the headache became constant. On Feb. 7th, stupor, sluggishness of pupils, and pyæmic pleuritis came on. On Feb. 9th, there were, in addition, carphology, muscular twitching, ptosis of the left upper eyelid, and paralysis of the left rectus externus. On Feb. 10th, incomplete hemiplegia of the right side. The patient died on the following day.

Autopsy.—The left cavernous sinus and ophthalmic vein were filled with a greyish, crumbly substance, firmly adherent to the walls, which were considerably thickened; the centre of the thrombus of the cavernous sinus was of pulpy consistence and greyish-red colour. The areolar tissue round the carotid artery and round the nerves on either side of the walls of the cavernous sinus was thickened. The lower surface of the left anterior lobe of the brain bore the signs of purulent meningitis, and the larger veins in connexion with the cavernous sinus were distended, and their contents coagulated. The longitudinal, circular, right cavernous and left petrosal sinuses contained likewise coagula, which, however, were dark-red, and easily separable from the unaltered walls. The blood in the other sinuses was not coagulated; the ventricles contained only a moderate amount of fluid. Inspection of the interior of the nose was not permitted. No disease of bone in contact with dura mater. Secondary abscesses in lungs and liver; sero-purulent discharge in left pleural cavity.

The author remarked that these two cases, though different with regard to the original complaint, resembled each other in the manner of the propagation of the disease from the exo- to the endo-cranial regions,—that is, the meninges and the brain. In either case he was inclined to think that the introduction of morbid matter through the ophthalmic vein caused, in the first instance, coagulation of blood (thrombosis) in the corresponding cavernous sinus; that the meningeal inflammation of the adjacent inferior surface of the hemisphere was in both cases, and in the first case also the erysipelatous inflammation of the choroid plexuses, consequent on the thrombosis of the sinus. The author was further inclined to consider as well the thickening of the walls of the sinus and of the ophthalmic vein, as also the thrombosis of the latter, as consecutive to the thrombosis of the cavernous sinus and the changes occurring in the thrombus; the coagulum in the ophthalmic vein having the appearance of being of junior date to that in the sinus. He alluded, however, to the possibility of explaining the propagation of the disease by phlebitis.

Respecting the diagnosis of such cases, Dr. Weber pointed to our, as yet, limited acquaintance with the phenomena produced by thrombosis of the various sinuses of the dura mater. In the first case there appeared to be no symptoms directly dependent on the condition of the sinus itself; but in the second, ptosis of the upper eyelid, and paralysis of the external rectus of the same side, were observed two days before death. These phenomena, easily explained by the relation of the third and sixth pair to the cavernous sinus, the author considered as of great diagnostic value. In cases of short duration, however, these phenomena would probably be absent, on account of the sheath of areolar tissue by which the nerves in their passage through the sinus are surrounded and protected. Attention was drawn also to the incomplete hemiplegia of the opposite side, and its changing character; but this symptom was not considered as due to the condition of the sinus itself, but to the consecutive affection of the brain adjacent to it.

CASE 3 was that of an infant affected with chronic discharge from the left nostril and left eye from birth, contracted probably from the mother during parturition. At the age of ten weeks, while the child appeared otherwise in good health, the discharge ceased, the left nostril becoming closed by crusts; two days after this cessation, on May 8th, 1859, the child was seized with epileptiform convulsions, succeeded by coma. The epileptiform fits became, during the following days, more frequent, the convulsions being more marked in the right side of the body, until, on the morning of the 11th, the child sneezed repeatedly, and the discharge became re-established. From this time the fits became steadily rarer and weaker, with the exception of two days, during which the discharge had again become very scanty. The principal part of the treatment consisted in the injection of warm water into the left nostril, and the frequent application of a warm moist sponge to the nose.

CASE 4.—A child, eighteen months old, was suffering from syphilitic coryza (ozæna), with much sanious discharge, more from the right than from the left nostril. On December 17th, 1859, two days after the discharge had suddenly ceased (under the influence of cold), and the nostrils had become blocked up by crusts, the child had an epileptiform fit, followed by a comatose condition and incomplete paralysis of the limbs of the left side. The fits returned several times on the same and following day. The coma was continuous; but after the removal of the crusts, the application of leeches to the nostrils, and copious injections of warm water, the discharge from the nose became re established, the fits became rarer, and did not occur any more after December 21st.

Dr. Weber observed, that although the nature of the original complaint had not been the same in these two cases, yet there was great similarity in the phenomena of both; that in both there had been chronic inflammation of a portion of the Schneiderian membrane, with considerable discharge; that in both epileptiform fits and complete coma followed, within two days, the sudden cessation of the discharge; that one side of the nose being in both cases more affected than the other, the opposite side of the body had been in both more affected; that further, in both cases the symptoms of the endocranial affection, although very severe, disappeared almost immediately after the re-establishment of the discharge. The author remarked, that it appeared to him difficult to point out the exact nature of the endocranial affection. It might be supposed that in these cases, too, as in Cases 1 and 2, there had been absorption of morbid matter through branches of the ophthalmic vein; that this had led to stagnation of the blood in the corresponding cavernous sinus, and to further disturbance of the endocranial circulation, especially on the same side, which disturbance, in infants, more disposed to convulsive disorders than adults, had given rise to epileptiform fits; that the timely restoration of the normal passage for the discharge had prevented further absorption of morbid matter. The author felt, however, that other interpretations might be given. With regard to the immediate treatment, Dr. Weber attributed great value to the removal of the crusts, local depletion by leeches to the nostrils, and, above all, to the adequate use of the syringe.

THE ACADEMY OF MEDICINE OF PARIS.—The actual constitution of this institution includes 46 physicians, 18 surgeons, 6 accoucheurs, 20 pharmaceutists, chemists and botanists, and professors of physical philosophy, and 5 veterinary surgeons.

Reviews and Notices of Books.

On Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms, and Treatment. By HENRY WILLIAM FULLER, M.D. Cantab., F.R.C.P., Physician to St. George's Hospital. Third Edition. pp. 489. London: Churchill.

DR. FULLER'S work appears to be accepted by the profession as the fullest and most satisfactory exposition extant of the subject of which it treats. A third edition has hence been called for, and which the author, as he informs us, has endeavoured to render as complete and useful as possible by bestowing more than ordinary care upon its revision, by adding many practical suggestions, and by carefully recording the results of his experience as to the action of remedies which have been recently introduced:—

"On the subject of chronic rheumatism much still remains to be ascertained; for I am satisfied that many maladies are included under that comprehensive title which have nothing more in common than have small-pox and chicken-pox. I have endeavoured, as far as possible, to separate the different varieties, and to point out the remedies to which each is most amenable.

"In the chapter on Sciatica and Neuralgic Rheumatism, I have given the result of my experience as to the effect of injecting morphia into the cellular tissue, and have also specified the conditions under which galvanism, electricity, and other remedies prove useful; I have also appended a few cases illustrative of the treatment recommended."

The author lets fall a hint that he may, on a future occasion, lay before us his views upon Gout. If so, we hope he may then be as successful in keeping the ear of the profession as he has been in addressing them upon so hackneyed a subject as rheumatism, upon the consideration of which in the work before us he expends very nearly 500 pages.

Glycerin and Cod-Liver Oil; their History, Introduction, Therapeutics, Value, and Claims upon Professional and Public Attention. To which is added a Chapter on Physic-taking, or Counsels for the Sick. By W. BURNHAM WILLMOTT, Associate of the Pharmaceutical Society, &c. 12mo, pp. 197. London: Baillière.

A VERY neat little volume, and apparently composed with great care. On glancing over it, not a word seems to be misplaced. Its contents are indicated by its title. Under the head of Glycerin (as our author chooses to spell it) are considered its uses in diseases of the ear, skin, and eye, as a substitute for other materials in ointments, also with iodide of iron, soap, jelly, tannin, aloes, &c.; and in the first of these sections Mr. Willmott notices the advantages, "confirmed by eminent members of the profession," which attended the introduction of this agent by Mr. T. Wakley as a remedial means in the treatment of deafness. The author does not, however, ride a hobby by recommending as a universal panacea the drug which he has treated of in all its combinations so extensively; he admits that its employment internally in cases of phthisis has signally failed, and that "as a remedial agent in consumption it will bear no comparison with cod-liver oil." To a consideration of the latter remedy he has devoted the second half of his work, including, after its history, preparation, action, tests, and other particulars, a section on the substitutes proposed for it, which consist of the oils of the dugong and pilchard, and a third material, the nature of which has not yet transpired, but which, he says, has apparently been used with success. From the appendix, termed the "Chapter on Physic-taking," we extract the following sensible remarks:—

"If you are more than slightly unwell, do not attempt to 'doctor' yourself. Rest assured, if you are your own physician, you will have a very foolish person for your patient. It is the province and the duty (a cheerful one at all times) of the medical adviser to relieve—to the extent of his ability—bodily suffering, and therefore in his hands you should unhesitatingly place yourself, 'if all progress not so favourably as you would wish, be patient and reasonable enough to remember that your medical man is but a man, and acts to the best of his judgment and ability. For his own reputation, for the love of humanity, and the delight of doing good, all that art and science can do, or that he can command, he will bring to his aid; this is all on the supposition that you are in the hands of a qualified, respectable, and experienced practitioner.'..... Be sure of one thing—do not apply for advice to the professional charlatan, who flourishes on a system of chicanery and extortion. As invalids, you will need to avoid quacks of all kinds, who prey upon the credulity of the public. Street doctors, herbalists, pill-vendors, and those, in short, who pretend to cure every ailment by specifics of their own invention, all rank with that class, which, if you have any regard for your health, you will especially ignore. It is far better to trust to nature herself for a cure, than to swallow the nostrums of the empiric. Permit me to urge that you should seek advice in the proper quarter, and that without delay."—p. 164.

This little work is really deserving of attention.

Transactions of the National Association for the Promotion of Social Science, 1859. Edited by GEORGE W. HASTINGS, LL.B. 8vo, pp. 739. London: John W. Parker.

THIS highly interesting volume records the transactions of the third annual meeting of the Association, held at Bradford in October, 1859. The meeting was eminently successful, having been attended by some thousands of persons. In a scientific sense it was also a great success. We recorded at the time some of the more important contributions to the medical and sanitary departments. This volume now presents summaries of the proceedings of each department, and a selection of papers. In this selection the editor has shown very sound discretion. The process of sifting and selecting contributions is by no means the most agreeable function of editorship, but it is a natural result of the success of the Association. In the section of Public Health is published a series of papers, arranged under the heads of the Condition of the Public Health, the Causes which Modify the Public Health, and the Improvement of the Public Health; with a summary of miscellaneous papers. The volume is a very noble monument of useful labours, ably and usefully digested; and few persons interested in the material progress of the people would willingly be without it.

On the Nature of the Substance found in the Amyloid Degeneration of various Organs of the Human Body. By FRANCIS HARRIS, M.D. Cantab., Demonstrator of Pathological Anatomy at St. Bartholomew's Hospital, Assistant Physician to the Hospital for Sick Children, &c. pp. 23, and a Plate. Westminster: Brettell.

THIS is "a thesis for a Medical Act in the University of Cambridge," the perusal of which we can well recommend to our readers. The conclusion arrived at by Dr. Harris relative to the *starchy* nature of the bodies found in the brain, and the *cellulose* nature of amyloid degeneration of different organs, is as follows:—

"All that we are justified in concluding is—that the reactions of these substances with iodine and sulphuric acid indicate their analogy, not their perfect identity, with the substances of the amylaceous group."—p. 23.

The pamphlet contains a good *résumé* of an interesting subject.

Series of Clinical Cases (with Observations) illustrating the Views recently put forward by Dr. Brown-Séquard, as regards certain points connected with the Physiology of the Nervous System. By JOHN W. OGLE, M.D. Oxon., F.R.C.P., Assistant-Physician to St. George's Hospital. pp. 16.

Case of Paralysis as to Voluntary Motive Power on one Side of the Body, attended by Hyperæsthesia, &c. By the same Author. pp. 22. 1859.

THE cases narrated in these pamphlets are full of the deepest interest and value, and well worthy the attention of those who devote themselves to the study of the physiology and pathology

of the nervous system. They fully corroborate the deductions of that eminent physiologist, Dr. Brown-Séquard; and the author's remarks thereon are clear and practical.

Ure's Dictionary of Arts, Manufactures, &c. New Edition, chiefly re-written and greatly enlarged. Edited by ROBERT HUNT, F.R.S., F.S.S., Keeper of Mining Records, &c. Illustrated with nearly 2000 Engravings on Wood. Part VII., May, 1860. London: Longmans.

WE may announce the appearance of this second portion of the second volume, and which includes subjects from "fermentation" to "gold." "Flax" and "glass" are topics minutely discussed and abundantly illustrated.

On the Radical Cure of Varicocele by Subcutaneous Incision. By HENRY LEE, Surgeon to King's College Hospital, &c. pp. 24. London: Churchill.

As the author's views have been before the profession for some years, it is unnecessary to recapitulate them. In the present essay, however, he has brought forward a number of cases successfully treated by his method, which are worthy the attention of the practical surgeon.

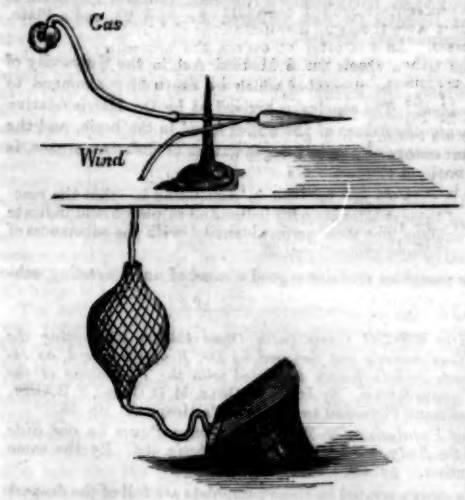
Archives of Medicine. No. 5. Edited by LIONEL S. BEALE, M.B., F.R.S. London: Churchill.

THE present number is not inferior to its predecessors, and contains much matter of interest and value, being at the same time well illustrated with plates and woodcuts.

New Inventions
IN AID OF THE
PRACTICE OF MEDICINE AND SURGERY.

NEW BLOW-PIPE.

MR. LEWIS J. PAINE, of Great Russell-street, Bloomsbury, late exhibited to the members of the Medical Society of London a valuable improvement in the blow-pipe. It consists of a shifting nozzle, by which air and gas are brought into contact by means of an arrangement of india-rubber tubes in connexion with a diaphragm, as he terms it—a compressible bag, which is supplied with air by a pair of small bellows laid upon the floor, and worked by the foot.



This simple and ingenious instrument, although small, is capable of great exertion. In the laboratory of the chemist, or in the study of the mineralogist or geologist, it is invaluable, for by its instrumentality the most refractory minerals or metals may be accurately tested. Indeed, with some very slight modification of the blow-pipe portion of it, a very powerful miniature furnace may be formed, capable of reducing from four to eight ounces of metal, such as gold, silver, copper, &c.; so that this little wind instrument recommends itself alike to the chemist, mineralogist, dentist, or indeed anyone whose natural bellows is not sufficiently strong to assist him in carrying out those experiments in which concentration of heat is the active agent.

Foreign Department.

ACTION OF THE PERIOSTEUM WITH REGARD TO THE FORMATION OF THE CALLUS IN UNUNITED FRACTURE.

WHEN, in non-union of bone after fracture, a seton is used, and a callus forms in consequence of the inflammation excited by the foreign body, it is supposed that the ends of the bones suffer necrosis, and that the callus is generated by the surrounding tissues. It would, however, appear from a case lately brought before the Academy of Sciences of Paris by M. Jobert de Lamballe, that the action of the seton upon the periosteum is sufficient to conduce to the formation of callus.

M. Jobert had to treat a case of non-union of the tibia, of six months' standing, in a man aged forty-two. A seton was introduced and brought in contact with the periosteum, the seton not touching the extremities of the fragments. It was left ten days, and suppuration ceased six days after its removal. In five weeks union had taken place; neither exfoliation nor necrosis occurred, and consolidation, says M. Jobert, must have been the consequence of an effusion from the periosteum, which effusion seems to possess the power of generating bone. The author further remarks that union was obtained in much less time than happens when the seton is passed between the extremities of the fragments. In the present case the periosteum alone was concerned in the formation of the callus, whilst in those just alluded to, necrosis, followed by granulation in the ends of the bones, is the rule.

DISARTICULATION OF THE HIP ONE OR MORE YEARS AFTER FRACTURE OF THE FEMUR BY GUNSHOT WOUND.

M. JULES ROUX, head surgeon of the naval department at Toulon, has read an elaborate memoir before the Academy of Medicine of Paris, wherein he discusses the propriety of the disarticulation of the hip in gunshot wounds connected with fracture of the femur. The author holds that amputation at some point of the shaft of the bone should not be performed when the femur has been shattered, and cicatrization does not follow. In such cases disarticulation at the hip should be performed, because the bone is likely to have suffered osteomyelitis, and, under such circumstances, no good results can be obtained in amputating at the shaft. M. Roux quotes six cases of his own, wherein he performed disarticulation, out of which four patients recovered. He condemns primary disarticulation in cases of shattering about the superior third of the femur, these operations having seldom succeeded, whilst several cures, without operative interference, have been recorded.

BLACK PIGMENT OF THE EYELIDS (CHROMYDROSIS).

M. HARDY, physician to the St. Louis Hospital, lately brought before the Medical Society of the Hospitals of Paris a case of black pigment of the eyelids, which occurred at Brest, in the practice of M. Leroy de Méricourt.

It would appear that this peculiar complaint, although hardly known in other parts of France, has been observed seven or eight times at Brest, always upon women, belonging to various ranks of society.

The present case refers to a young lady of nineteen, who, on returning from church two years ago, and after having been rather painfully excited, noticed black stains on her eyelids. The blots persisted without any disturbance of general health or menstruation, the only apparent symptom during this period being a few spots of acne about the limbs. On the 17th of September, 1859, M. Hardy found her in the following state:—Cutaneous aspect of upper and lower lids on both sides covered with a greyish-black layer, which, examined closely, looked

like coal-dust; mucous membrane a little vascular; eyes normal. By passing a piece of linen moistened with oil on the lids, a dark spot like lamp-black was left on the linen. After this cleansing process the eyelids looked normal, even when examined with the magnifying glass. Two hours afterwards the lids were black again. All kinds of applications used to prevent this secretion have successively failed. Some members of the Society thought there might have been some deception in these cases.

TUMOUR OF THE RIGHT INGUINAL REGION CONTAINING LUMBRICI; RECOVERY.

THE tumour was painless, and of small size; pus formed, the abscess broke and discharged thin purulent matter, with twelve lumbrici. No peritonitis occurred, the pus was not fœtid, and presented no traces of fæcal matter. M. Batata, the medical attendant, left the complaint to Nature, only covering the opening with a piece of lint spread with simple ointment. In a few days the abscess closed, and the patient did well. The *Gaz. Méd. de Paris*, of the 12th inst., in quoting this case from the *Revue Thérap. du Midi*, mentions neither the sex nor age of the patient.

ANCHYLOSIS OF THE KNEE; TENOTOMY AND RUPTURE OF INTRA-ARTICULAR ADHESIONS.

THIS case refers to a boy of eleven, whose leg was considerably flexed and fixed from inflammation and suppuration of the joint, consequent upon a punctured wound. Tenotomy of the flexor tendons and forcible stretching were resorted to. Six weeks afterwards the boy could walk without a stick. The *Gaz. Méd. de Paris* of the 12th inst., does not state whether the joint was eventually movable or not.

EXAMINATION OF THE SUPERFICIAL PORTIONS OF THE EYE BY MEANS OF NATURAL LIGHT LATERALLY REFLECTED FROM A DOUBLE CONVEX LENS.

M. LABORIE lately read a paper before a Medical Society of Paris, wherein he speaks of the advantages of the ophthalmoscope, and those of the lamplight reflected laterally. He, however, finds fault with the latter mode of illumination, and prefers the natural light, reflected from a double convex lens, held in the hand of the surgeon, an inch and a half from the patient's eye. In this manner he has been enabled to examine affections of the cornea, of the anterior chamber, the iris, the pupil, and the lens. The great comfort is, according to the author, that the examination may be made at once, without repairing to a darkened room, or having recourse to artificial light, &c.—*Union Médicale*, May 8th.

RUPTURE OF VARICOSE VEINS IN THE VAGINA DURING LABOUR; DEATH.

A STOUT woman, aged twenty-three, whilst in labour of her first child, was seized with very severe pain during the passage of the head, the presentation being quite normal. The perinæum was suddenly put on the stretch, and gave way in spite of the greatest care used by the accoucheur to prevent its rupture. Soon after the birth of the child, severe hæmorrhage occurred; syncope and convulsions rapidly followed, and in about ten minutes the patient expired. On a post-mortem examination, it was discovered that the varicose veins of the vagina had given way; the uterus was firmly contracted, and contained no blood.—*Berliner Zeitung.*

PROSECUTION UNDER THE MEDICAL ACT AT CHELTENHAM.

A CAUSE under the Medical Act of great importance came before the Police-court at Cheltenham last week. The complainant was Mr. Fred. Digby, M.R.C.S., medical officer of the workhouse, and the defendant, Mr. Dennis Turnbull, of the hydropathic establishment, Sherborne House. There were three informations laid, the offences charged being that defendant, by using the prefix "Dr." to his name, and also by appending to it the initials "M.D.," had held himself out to the world as a duly qualified medical practitioner—or in the words of the information, "did wilfully and falsely pretend to be, and did take and use the title of, a doctor of medicine"—and by so doing had incurred penalties in each case not exceeding £20. The court was much crowded during the hearing, several members of the medical profession, and many friends and patients of Mr. Turnbull, being present.

After a considerable discussion on certain legal and technical objections, the case for the prosecution was stated by Mr. Boodle. The charge was, that the defendant had held himself out to be a doctor of medicine; that the words "Dr. Turnbull" were upon his door-plate; that he had, besides, signed himself Dennis Turnbull, M.D.; that he had attended as a medical practitioner persons on the point of death, and under such circumstances as would render himself liable to other and more serious proceedings.

After some discussion between Mr. Boodle and Mr. Pruen, who appeared for the defendant, as to the specific charge to be brought against him, evidence was given in support of the statement made by Mr. Boodle. It was shown that Mr. Turnbull attended a case of strangulated hernia, and that he had given a certificate that death had resulted in consequence. It was stated by the witness in this affair that Mr. Turnbull had not held himself out as being possessed of any English degree in medicine.

For the defence it was urged that Mr. Turnbull was a medical herbalist; that he had never represented himself as a M.D., and that he held a diploma from the Medical Reform College at New York; that he had never falsely pretended to be registered; that he had made a claim to be placed upon the Register, which was still under consideration.

The magistrates eventually dismissed the charge, on the ground that the evidence was not satisfactory that it was a case of wilful false pretence under the Act.

Mr. Boodle applied to have the "diploma" of New York impounded, inasmuch as it was not a diploma at all in the meaning of the Act. The application of Mr. Boodle, however, was refused by the Bench.

Mr. Turnbull was again charged with a similar offence on the 20th of November last. The principal witness for the prosecution was Mr. Bennet, registrar of births and deaths for Cheltenham, who produced a certificate of the deaths of Francis Worel, which was signed by Dennis Turnbull, Member of the Medical Reform College, New York, U.S. Mrs. Melvin produced a receipt for money due for attendance on her late husband, signed Dennis Turnbull, M.D. In this case the magistrates eventually convicted the defendant, and inflicted a fine of 20s., with costs.

Mr. Pruen applied for a new trial, on the ground that the American diploma exempted Mr. Turnbull from the decision. The magistrates took time to consider the application.

The third information preferred against Mr. Turnbull was abandoned in consequence of the decision arrived at by the magistrates.

On the 17th inst. Mr. Pruen renewed his application for a case, which the Bench granted.

Mr. Turnbull then entered into recognizances, himself in £40, and a householder in £40, to prosecute the appeal to the Court of Queen's Bench without delay.

The proceedings excited considerable interest in the town, and there were the usual manifestations of feeling exhibited in such cases. As a matter of course, the prosecutor was subjected to the severe criticisms of the defendant's advocate. These criticisms, however, he is well able to bear as the protector of the just rights of the public and the profession to which he belongs. The Medical Act was passed mainly as a protection to the public, and any man who honestly and faithfully endeavours to carry out the provisions of that Statute is justly entitled to the thanks of the community. Talk, indeed, of the jealousy of the profession in this kind of proceeding!—why it is the public who are mainly interested in it. Justly stringent as the Medical Act is, it in reality affords less protection to legitimate medical practitioners than other Acts of Parliament do to the practitioners of the law. It seems strange that lawyers, in the defence of unregistered practitioners of medicine, should denounce with so much energy the wholesome Statute for the protection of the public, when they themselves visit with so much severity the sins of those who falsely pretend to be legal practitioners. There is no class of offences which lawyers regard as more heinous than those perpetrated by pretended lawyers. Medical practitioners have no desire to act vindictively or even severely towards those who infringe the Medical Act. They are naturally anxious to uphold the honour and dignity of their profession; but, above all, their desire is, in instituting proceedings against the pretenders to medical science, to shield the public from the multitudinous ills which result from the practice of medicine by totally unqualified persons. Fortified by these honourable motives, the gentlemen who assume the position of prosecutors may safely regard the attacks of those interested in defending a vicious system with perfect indifference.

THE LANCET.

LONDON: SATURDAY, MAY 26, 1860.

UNWILLINGLY do we recur to the circumstances which have led to the resignation of the medical staff of the Guernsey Militia. That the elevation of Dr. OZANNE by General SLADE was an "inconsiderate act," we again repeat. It may be quite military; but we are not aware of any precedent established at the Horse Guards to authorize it, and certainly it is open to independent criticism by the common sense of civilians.

It is not disputed that Dr. OZANNE is a homœopathic practitioner. This gentleman, indeed, is rather boastful in his confession of faith in infinitesimals. Now, the whole framework and structure of our medical organization, as established by the law of the land, and carried out in our military and civil services, are based on the recognition of scientific medicine. Scientific medicine condemns the mystic jargon and dreamy nonsense of Hahnemannism. The institutions authorized by Government to examine and grant diplomas in Medicine and Surgery would think it as rational to diplomatize a homœopath as an Ojibbeway medicine-man, who cures by amulets and other charming devices, of which true remedial agents form a constituent part so minute that it would require a mind versed in the transcendental progressions of the German dreamer to determine their value. We need not say that no man is held competent to receive a medical appointment in the Poor-law service, or in the Army or Navy services, unless his fitness is attested by one or more of the institutions referred to. The logical inference is, that the spirit of the law holds all persons who do not satisfy the constituted examiners to be disqualified for the public services. Those who should display such ignorance of medicine as to profess their opinion that disease ought to be treated on what are called homœopathic principles, would undoubtedly be rejected. A believing homœopath can, therefore, only filch a diploma by an act of dishonesty—by a suppression of his convictions, unworthy of an apostle whose mission it is to propagate a new faith. Apart, then, from all consideration of medical doctrines or professional fitness, such a man would be unfit, on moral grounds, for an office of trust. But there is another case. A man may conscientiously give such answers as to satisfy the examiners. His knowledge and his judgment on medical questions may at the time of examination come up to the standard required. His lapse into error, his perversion from the Hippocratic and logical system of medicine, may be subsequent to the receipt of his diploma. We suppose this is the case of every one of those gentlemen who, now holding homœopathic opinions, have been enabled to place their names on the Medical Register, by producing a diploma recognised by the Medical Council. The diplomatizing institutions have no power to re-examine. A diploma, once given, cannot be withdrawn on the suspicion that the grantee has fallen off in the accuracy of his knowledge or in the correctness of his judgment in medicine. The matter is passed beyond the control of colleges and universities: it becomes a question of self-examination with the convert or pervert. If he discovers, after due inquiry into his moral obligations, that he can with propriety and consistency retain his place on the rolls of a medical institution, which he could not have acquired had he, at the time of examination, avowed the opinions which subsequently illuminated him, there is nothing for it but to leave him in the enjoyment of his diploma and his convictions. By-and-bye, perhaps, he may undergo another transition, and revert to the point whence he set out. Like the celebrated Vicar of Bray, he may think it very desirable to retain what he has whilst he is pursuing his experiences through the changing phases of faith. With all this we have nothing to do. It is alike beyond our power and our inclination to trace or to criticize the motives which actuate individuals in their personal conduct. Our duty, however, points out the propriety of discussing the conduct of the Lieutenant-Governor of Guernsey in his public capacity. All the considerations we have stated ought to have been present to his mind when contemplating the appointment of a homœopathic practitioner over the heads of all the regimental surgeons and assistant-surgeons. He must have known that such an appointment would be resented as an insult by a body of gentlemen who cultivate as high a sense of honour, and as noble an *esprit de corps*, as it is the pride of the military profession to uphold. It was his duty to reflect that the public service cannot be carried on when there is an enforced association of men holding diametrically opposite opinions as to theory and practice. He cannot, therefore, be surprised at the result of his experiment upon the medical staff. Independently of that part of the dispute which relates to medical doctrines—which is really not the point at issue,—public as well as professional opinion will censure this arbitrary act, in which the legitimate rights and the professional feeling of the surgeons of the Guernsey Militia have been wantonly disregarded.

IN our advertising columns of this week will be found the announcement of a Special General Meeting of the London Medical Registration Association, which is to be held at the Freemasons' Tavern, on Thursday, May 31st, at eight o'clock P.M. This Association will then have entered upon a new and important phase of its existence. It is about to develop and enlarge itself to an extent commensurate only with the natural boundaries of the land. It will be recollected that in THE LANCET of April 14th (p. 378), mention was made of the probability that out of it would originate a Parliament of the medical profession—such an institution, in fact, as might be fully capable of asserting and protecting the political and social rights of our body. This statement was not made unadvisedly. We were aware that a Committee of the Association, appointed for the purpose, was engaged in revising its present Rules and Bye-Laws, with the view, as now stated in their published Report, of "the enlargement of the Association, and the extension of its influence and usefulness to the whole profession throughout the United Kingdom."

The first of the new Rules to be proposed is, that henceforth this Association shall be called "THE NATIONAL MEDICAL REGISTRATION ASSOCIATION." Provision is to be made for representatives to be elected by all the Local Medical Registration Associations, to form part of the Executive Committee along with the Honorary Provincial Secretaries appointed by that body. Thus the basis will be already laid for such an organization, that if the Medical Council may properly be termed the "Upper House" of the profession, here are the means for forming a representative assembly which may not inaptly be called a "Medical House of Commons."

But one part of the scheme we cannot approach without objection. It has been proposed that the future Secretary shall be a barrister or solicitor; and by some members of the Committee it has been projected to remove the offices of the Association to those of the lawyer, whomsoever he may be. If such a determination were to be persevered in, and finally adopted, we should see no hope for the permanent prosperity of the institution. The Secretary of a medical assemblage ought certainly to be a member of the medical profession; and if the Association wish to retain independence, it ought to retain its home in its own offices, uncontaminated by any foreign influence or dictation. It is to be hoped that the public meeting now announced will be numerously attended; that the various Rules to be laid before it will receive ample discussion and consideration before being finally adopted; and, in particular, that the new and monstrous proposal of having a paid Secretary, who shall be a solicitor or barrister, will be indignantly and for ever rejected.

WE regret to have to announce the death of Professor JOHN LIZARS, of Edinburgh, who died on Tuesday last, having been seized with an attack of apoplexy on Sunday, the 20th instant.

Medical Annotations.

"Ne quid nimis."

THE BIRMINGHAM PHILANTHROPIST.

THE prosecution of a very notorious quack, at Birmingham, has been successfully conducted by the Birmingham and Midland Counties Medical Registration Association. The defendant belonged to the gang of spermatorrhœa quacks, whose advertisements are headed "An Act of Charity," and assume to be the expression of the overflowing gratitude of "a gentleman cured of nervous debility and spermatorrhœa of long standing, the result of early errors," and who, "after much mental and bodily suffering, thinks it but charitable to render such information to others similarly situated." His real name appears to be John Marston, while, for purposes of philanthropic advertisement, he had assumed the title of Thomas Howard, Esq., and as a bait to his anatomical museum he styled himself Dr Hunter, and placarded the town with intimations that he desired to be consulted "in cases of secrecy." It was clearly shown that this worthy, in partnership with his son, carried on a business of which the main features were, to give advice to patients suffering from syphilitic disease, to supply medicines, and to make a certain charge for effecting a cure. This, Mr. Motteran, the counsel for the prosecution, contended, afforded distinct evidence of a pretence that he was a qualified man. This, indeed, was tolerably clear. An unfortunate dupe gave evidence of having consulted him as Dr. Hunter, waited while his urine was analyzed, and paid certain sums of money for the promised cure. Some precautions had been taken with the view of evading the law, but it was very plain that this man was shielding his name from the disgrace attendant upon such practices under the title of "Dr. Hunter," and that under this name and style he was driving a trade in syphilitic diseases, and resorting to all the vilest tricks of the infamous tribe who first create and then feed upon the fears of the victims of a usually imaginary spermatorrhœa. The case will afford an important precedent in respect to the grounds which were held to afford evidence of a pretence to qualification; and the Birmingham and Midland Counties Medical Registration Association must receive the congratulations and the thanks of the profession and of the public for the vigour and the success with which they are attacking the bad and ignorant men who trade upon disease without the hope or the power to alleviate the sufferings by which they profit.

MEDICAL REFORM AT OXFORD.

THE Medical Statute, of which we lately gave a sketch, has now undergone all the racking tortures of Council, Congregation, and Convocation; it has been initiated, promulgated, amended, discussed, and ratified. We are glad to find that it remains substantially the same in all the most important details, and that the opinion of the majority of the graduates, resident and non-resident, constituting Convocation, has confirmed the views which we expressed in relation to the Statute when first promulgated last session. It has been amended only in those particulars to which we expressed a strong objection—namely, the institution of a thesis test for the Doctorate of Medicine, and the appointment of one individual, the Regius Professor of Medicine, as sole judge of the merit of the dissertation. The "act" of writing a thesis for a degree has nothing to recommend it except its antiquity. It is obvious that the thesis may be the production of any one but the apparent author; and that, however great its merit, it might be rejected by a prejudiced or crotchety judge. Dr. Acland, the present Regius Professor, is incapable of forming any other than a just and able opinion on such a subject; but he is not immortal. In a very ably-argued letter by Dr. John Ogle, of London, distributed amongst the graduates prior to Convocation, the inconveniences of this part of the Statute, and absurdity of exposing to the risk of rejection and disqualification by such an "act" a man already qualified to practise by the University licence "per universum Angliæ regnum," are still more strongly indicated. Undoubtedly this letter had a great share in procuring the rejection of these clauses—a rejection mainly due to the graduate physicians resident in London, who have a vote in Convocation, but take no part in Congregation. As the Statute now stands, it will systematize the medical examinations at Oxford, and give them a high scientific value, equal to that of any examining body in Europe, and worthy of the reputation of the University. The M.B. diploma follows two examinations, modelled very much after the fashion of the College of Surgeons and the London University: clinical, anatomical, and microscopical tests are practically applied; and the licence of the Oxford University to practise medicine is henceforth the index of a justly severe training and satisfactory attainments.

DURING HER MAJESTY'S PLEASURE.

WHAT is her Majesty's pleasure as to criminal lunatics? This is a question which probably many people have asked themselves with that vague kind of wonder which melts into a general and indefinite belief that, no doubt, it is all right and reasonable enough. It is, however, a question for which we are particularly interested in obtaining a satisfactory solution now that legislation impends. An excellent little pamphlet, recently published by Dr. Hood, furnishes the materials for an answer. Some of those who are thus sentenced to indefinite detention are guilty of slight offences, while others have committed the gravest crimes—even murder. But the verdict of insanity carries with it the sentence of prolonged imprisonment, whatever be the offence of the defendant. Hence lately, in the case of a certain Thomas Johnson, charged before Baron Martin with an offence punishable by one month's imprisonment, but who pleaded insanity, only the humane interposition of the judge prevented a sentence which might probably have led to imprisonment for life, by suggesting the withdrawal of the plea of insanity.

In these cases not only is justice violated by a cruel and

exaggerated punishment, but the State is charged unnecessarily with the support for life of one who should contribute his share to the resources rather than to the burthens of the country. Dr. Hood suggests as a remedy, that whenever insanity is set up as a defence, the trial of the prisoner for the offence of which he is charged should be postponed, at whatever stage it may have arrived, until the state of the patient's mind be ascertained before an ordinary jury, whose verdict of insanity shall be recorded by the Court as an answer to the previous indictment. Those cases are at present tried hurriedly before juries assembled for trifling criminal causes, and often disposed of without any previous notice of the intended defence being given to the prosecutor. Even if such verdicts be correctly given, another evil often follows in the existing state of things. A villain of the worst character, being acquitted on the score of insanity, and ordered for confinement in a lunatic asylum, recovers from his mental aberration, and remains all his life a vicious and violent inmate of a medical institution, where none of the arrangements are calculated to punish his crime or to subdue his propensities, and is a constant source of anxiety to those who have charge of him. It is surely desirable that power should be given for duly trying after recovery prisoners found insane upon arraignment. These considerations should be urged in the subsequent settlement of the Law of Lunacy.

SCIENCE AND PHILANTHROPY.

EARLY in May, last year, the oft-mooted proposal for establishing a permanent fund for the aid of such scientific men or their families as may require and desire assistance was brought officially under the consideration of the Council of the Royal Society. Subsequent discussions resulted in the appointment of a Scientific Relief Committee, who have prepared a scheme for the administration of the proposed fund, of which the leading features have been finally adopted. The money subscribed will be invested in a special account, in the name of the Royal Society. The interest of the money invested will be administered by a Scientific Relief Committee, consisting of five Fellows of the Royal Society nominated by the Council, of whom the senior member will annually retire. The first members of the Committee appointed by the Council of the Royal Society are—Mr. Gassiot, Mr. Busk, Dr. W. A. Miller, Dr. Tyndall, and Mr. Wheatstone; and at their first meeting in March of this year, they resolved

"That no application for relief be entertained except on the recommendation of the President of one of the following Chartered Scientific Societies: the Astronomical, Chemical, Geographical, Geological, Linnæan, or Royal Society; it being understood that the several Presidents will consult their respective Councils as to the persons whom they intend to recommend for relief."

These resolutions have been communicated to the respective Societies, together with a list of preliminary subscriptions. No doubt some large contributions will be made prior to the publication of this list and the general appeal to the public. The scant and rare grants from the Civil list Fund have hitherto been the sole recognition of the distinguished services of many a savan whose labours have been barren in all but honour to himself. It may be hoped that the national subscriptions to this fund will be worthy of the high purpose to which they will be devoted. The paths of physiological and medical science are so often followed with no other than an intellectual reward, that we see with pleasure that already the names of some eminent members of our profession are inscribed for munificent donations. This judicious and well placed liberality will give any future applicants who may be connected with our art a claim to the consideration of the committee. Sir B. Brodie, Mr. Bowman, Dr. Bence Jones, and Mr. E. Wilson, have each contributed £100; Dr. Neil Arnott, Mr. G. Busk, Dr. W. A. Miller, Dr. Roget, Mr. Simon, Mr. Solly, and Mr. N. B. Ward have also liberally contributed. We commend this fund to the active sympathy of the prosperous members of the medical profession.

Correspondence.

"Audi alteram partem."

TREATMENT OF SEWAGE.

To the Editor of THE LANCET.

SIR,—In making experiments upon sewage, &c., I found that if it were mixed with sulphate of iron and alum, it lost its unpleasant smell. A solution, containing an ounce of each to a gallon of water, was found strong enough to answer the purpose.

Lime, mixed with five, ten, or even twenty parts of sand or earth, and well watered with a solution of alum and sulphate of iron, formed a deodorizing mortar well adapted for filling up vaults, pools, and drains, which expanded in drying, and completely stopped up the cavities, with a substance having an affinity for the products of decomposition.

If half a ton of alum and sulphate of iron, dissolved in water, were thrown into the Thames, once in twenty-four hours, above Vauxhall-bridge and below London-bridge, and if four or six machines for evolving chlorine gas, and conducting it into the water, when the tide flowed, were placed on each side of the river, such means would render the river sweet, and nothing poisonous or injurious to health would result from the proceeding. Urinals, closets, and privies become free from smell in a short time by pouring the solution over and down them.

A firm deodorizing bottom may be made in the Serpentine by levelling and covering it with a layer of gravel, sand, lime, and sulphate of iron and alum. Of course all sewage and dirty water should be prevented from entering it.

The floating and suspended impurities of sewage should be removed, and be converted into English guano, before the more fluid parts are allowed to enter into any stream or river, which may be accomplished by using large reservoirs and sluices. No deodorants can be effective for any length of time where sewage precipitates are allowed to collect, as in the river Thames.

Disinfectants may be divided into two classes: first, those that act through the medium of the atmosphere upon the gases and smells already given off, as chlorine, sulphurous acid, &c.; secondly, those that act upon the decomposing body, destroying its structure, and preventing any further fermentation or decomposition, as strong acids, sulphate of iron, chloride of protoxide of iron, zinc and alum, &c.

Sewage and organic matter, coming in contact with sulphate of iron, is decomposed; iron pyrites, carbonate of iron, protoxide of iron, and sulphate of ammonia, are formed. The precipitate is covered with protoxide of iron and pyrites, which excludes the oxygen of the air or water, and stops decomposition until all the iron oxide is converted into a peroxide.

Alum coagulates soluble animal matter, which falls to the bottom in the form of a white flocculent powder, and when decomposed covers the precipitate with another covering of clay, thus still more effectually excluding the influence of oxygen, heat, and moisture upon the putrid mass.

The principles of treating sewage are,—1st, Remove all the floating and suspended impurities. 2nd, Apply deodorants to act upon and precipitate the soluble animal matter, &c.; as sulphate of iron and alum. 3rd, Decompose the gases and smells with chlorine, &c., and lime.

Sewage is alkaline, and when acidulated with sulphuric acid decomposition and fermentation are stopped, effervescence takes place, and sulphuretted hydrogen and carbonic acid gas are given off, which greatly increases the smell for a time; but as soon as those gases have had time to escape, the smell is much lessened. Alum or burnt clay is then added to the fluid first poured off the precipitate, which coagulates the soluble compounds; and, lastly, the water is treated with lime before it is allowed to escape into the brooks and rivers; the carbonic acid of the atmosphere removes the lime from the water, and confervæ appear, which complete the further purification by con-

suming the remaining organic matter, and leaving nothing but pure water containing salts of potash, soda, &c.

I am, Sir, yours obediently,

Cheltenham, May, 1860. HENRY BIRD, F.R.C.S. &c.

P.S. The following is a list of common deodorants:—1, Burnett's chloride of zinc; 2, permanganate of potash; 3, protochloride of iron; 4, sulphate of protoxide of iron; 5, sulphate of alum; 6, sulphate of alum and sulphate of iron; 7, sulphate of iron and common salt. These all appeared to act in nearly the same manner upon sewage, and sulphate of iron and alum seemed to be the most efficient. When the smallest quantity of chlorine was added to either of these solutions the smell immediately disappeared. As no danger of poisoning can accrue from using even a strong solution of sulphate of iron and alum, and as it acts as well as, if not better than, the other deodorizers, it ought to be adopted in preference to lime, zinc, and all others; besides being the cheapest of all.

TRANSMISSION OF SECONDARY SYPHILIS.

To the Editor of THE LANCET.

SIR,—The reviewer of Mr. Harrison's book on Venereal Diseases (THE LANCET, vol. i. 1860, p. 471) mentions the author's opinions respecting the transmission of secondary syphilis. Mr. Harrison thinks that this disease, which is supposed to be directly conveyed from the male to the female, does, in reality, reach the latter very seldom otherwise than by the intermediate action of the fœtus contaminated by the father.

I am certainly extremely happy to be supported by Mr. Harrison's authority, but I must beg to observe that not only have I long ago expressed this opinion, but also based it upon the very arguments which Mr. Harrison brings forward. The author, for instance, says—

1st. That in most of the cases of ascertained secondary transmission the disease has been conveyed from the male to the female, and not from the female to the male.

2ndly. That in such cases the first symptoms which are observed upon the woman appear in regions which leave no room for suspecting infection by coitus or any other contact.

3rdly. That the female then presents neither primary chancre nor bubo.

I repeat that I am very glad to see my arguments sanctioned by the approbation of the learned author, who doubtless has clinically verified their value. But I must remind your readers that these arguments have been put forward by myself, pretty well in the same words as used by Mr. Harrison, in my work entitled "On the New Doctrines of Syphilis," (Paris, 1858.)

Lyons, May, 1860. P. DIDAY.

THE REGISTRATION OF BIRTHS AND DEATHS BILL FOR SCOTLAND.

To the Editor of THE LANCET.

SIR,—The annexed is a copy of a petition presented to the House of Commons. If space permit, you will oblige the petitioners by giving it publicity in your journal.

I am, Sir, your obedient servant,

Rochester, May, 1860. THOS. P. BEAVAN, L.R.C.P. Edin.

To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.

The humble petition of the undersigned medical practitioners of Rochester, Strood, Chatham, and Brompton,

Showeth,—That your petitioners have seen with regret that in a Bill now before your honourable House, intituled "Registration of Births, &c. (Scotland) Bill," it is proposed to render more stringent the clause in the present Acts relating to the registration of deaths in Scotland by the compulsory exaction of gratuitous medical certificates of death, within five days, under a penalty.

Your petitioners are respectfully of opinion that a medical certificate of the cause of death is in the nature of a copyright; and inasmuch as the registrar is paid a fee for the mere insertion of the certificate in the register, it is only equitable that the medical attendant, if required to furnish a certificate of the cause of death, should be remunerated for his time and professional opinion by a moderate fee.

Your petitioners respectfully submit that to impose upon the medical practitioners of Scotland a fine for the non-performance of a gratuitous service to the State is a great hardship, and humbly pray that your honourable House will expunge the penal portion of the 41st section of the present Act from the amended Bill, and consent to the payment of such moderate fee for each medical certificate as in your wisdom may be fair and reasonable, and for which, as in duty bound, your petitioners will ever pray.

ADAM MARTIN, M.D., Rochester.
J. B. JARDINE, M.D., Chatham.
HERMAN B. TRIBE, M.R.C.S. & L.S.A., ditto.
A. STEDDY, M.R.C.S. & L.S.A., ditto.
JOHN J. ELY, M.R.C.S. & L.S.A., ditto.
HENRY PEACOCK, M.R.C.P., F.R.C.S., ditto.
JAS. DULVEY, L.R.C.P. Edin., Brompton.
HENRY WEEKS, L.R.C.P. E., ditto.
W. BURTON, L.R.C.P. E., ditto.
JOHN D. BURNS, M.D., L.R.C.P. L., ditto.
JARMAN PATRICK, M.R.C.S., L.S.A., ditto.
J. H. FAYLE, M.R.C.S. E., Chatham.
FRED. JAS. BROWN, M.D., Rochester.
J. H. HUTCHINS, M.R.C.S., L.S.A., ditto.
WM. BELL, M.R.C.S., ditto.
J. S. KNIGHT, M.D., M.R.C.P., ditto.
WM. BROWN, M.D., M.R.C.S., Strood.
G. H. DRAWBRIDGE, M.B. Cantab., Rochester.
JOHN LANGSTON, M.R.C.S. &c., Strood.
THOS. PEARCE BEAVAN, L.R.C.P. Ed., M.R.C.S., Rochester.
STEPHEN STEELE, M.R.C.S., Strood.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—By the publication of the Order in the Government *Gazette*, purporting to give effect to the Royal Warrant for the medical service, the medical officers are left in as unfavourable a position with reference to pay as ever; for now, instead of the pay and allowances of their relative military rank, they will draw those of the grade below them. The assistant-surgeon of six years' service, who ranks with a captain, will receive no more than his junior under six years' service, who ranks with a lieutenant. This state of matters exists only in India, where, one would think,—excepting, perhaps, the coast of Africa,—a medical officer should be most valuable, and is hardest worked.

In all her Majesty's dominions, India excepted, the surgeons receive the pay and allowances of their corresponding military grade; indeed, they have more. In India they are to have less; and as to allowances, even less than those of the next step in military rank below them. The wording of the Order is specious, and at first sight may convey an idea of fairness to those who do not understand the items of the Indian officer's pay-bill; but a little investigation will show how unfairly the rule will operate, for while it leaves the assistant-surgeon of less than six years' service in the receipt of the pay and allowances of a lieutenant, it gives no more to an officer above six years' service, who ranks as a captain; and the pay and allowances of a captain only to a surgeon who ranks as a major. These officers, in any other part of the world in which they serve, receive not only as much, but considerably more than their corresponding military ranks (*vide* H.M. Warrant). The ordinary remuneration that every officer receives in India is made up of a series of items, the aggregate being the 256r. 10a. of a lieutenant, 415r. 6a. of a captain, and 789r. 3a. of a major; and this they draw in India whether employed or not, provided they are in full batta stations, the amount being a little less if on half batta. Gazetted to any appointment, regimental or staff, they become the recipients of some additional staff, company, or command allowance; and to pretend that the items which make up these totals are the extra allowances, and not part of the regular pay, is simply unfair; and one would ask, if they be necessary for the military, why not for the medical officer?

An illiberal construction of her Majesty's Warrant must excite much disappointment and discontent throughout the medical service in India; and it cannot but tend to increase the difficulty of obtaining candidates for the service. The medical officers have but recently been rated at a higher valuation, both as to rank and pay, by her Majesty's Government, at home and in the colonies; and why it should be otherwise in India it is difficult to understand.

The surgeons of the army seek only for a fair and just con-

struction of her Majesty's Warrant. If their emoluments and rank have been increased everywhere else, in justice they should be so in India also.

I am, Sir, your obedient servant,

AN INDIAN OFFICER.

P.S.—However plausible the Order may appear to the ignorant of Indian pay-tables, the fact remains that the surgeon is only to draw captain's pay; the assistant surgeon above six years', as well as he below six years', service, lieutenant's pay, or rather emoluments.

Comparative Statement of Rank and Pay of Military and Medical Officers in India, according to the recent Government Order:—

Corresponding Military Rank.	Amount of Remuneration to each when unemployed or otherwise.			Items—the aggregate of which make up the fixed Pay and Allowances.								
				Pay and Indian Allowances.			Horse Allowance.	Tentage.	Extra Batta.		
	Rs.	As.	Ps.	Rs.	As.	Ps.	Rupees.	Rupees.	Rs.	As.	Ps.
Major	789	3	0	410	14	6	30	120	228	4	6
Surgeon	415	6	0	249	1	0	...	75	91	5	0
Captain	415	6	0	249	1	0	...	75	91	5	0
Assist.-Surg. above 6 yrs.' service ...	256	10	0	145	12	0	...	50	60	14	0
Lieutenant ... Assist.-Surg. under 6 yrs.' service ...	256	10	0	145	12	0	...	50	60	14	0

The above are the sums paid to military officers, and are the *fixed salaries* of their rank. It will be seen that by this Order the medical officers, though they have received higher rank, are still to draw the old rate of emoluments—viz., that of the rank below them; but, to make it appear otherwise, part of the allowances have been subtracted, and the amount transferred to the column of pay. Thus, though the medical officer has had his emoluments increased with his rank in England and the colonies (in the latter the colonial allowances being in proportionate rates to his pay and rank), yet in India the pay is to be increased, but at the expense of the allowances, which really form part of the fixed salary, leaving him in the receipt of the same sum that he drew before his rank was raised by the Warrant, and in no way better off than he was before. For example: an assistant surgeon, above six years' service, with a regiment or in the staff, draws 256 r. 10 a., and 30 r. a month pulk allowance; a captain, the equivalent rank, receives 415 r. 6 a., and his company allowance with a regiment, making more than half as much again as the sum drawn by the assistant-surgeon. In any other part of her Majesty's dominions the assistant-surgeon above six years would be receiving more than the captain.

THE PATHOLOGY AND TREATMENT OF WHOOPING-COUGH.

To the Editor of THE LANCET.

SIR,—Having noticed the high rate of mortality from whooping-cough in the weekly report of the Registrar-General, and knowing Dr. Bateman's just remark, that "perhaps there is no disease for which so many specifics and infallible nostrums are promulgated with confidence, or so few actual remedies known,"—a remark which must remain in force whilst the present empirical treatment which is still so prevalent in reference to this disease is allowed to continue, but which I feel assured will become destitute of all its present truth if a more rational mode of investigating the disease be once instituted,—I have therefore ventured to trespass on your valuable space with a few useful and practical observations of my own. I am the more emboldened to do so from a perusal of the valuable treatise on Epilepsy by Van der Kolk, as well as from having lately most successfully treated some cases of whooping-cough of a very severe nature, and which treatment and success were the result, I imagine, of seeking or rather ascribing the seat of the disease to some morbid impression on the medulla than to any other locality.

I would suggest, therefore, the inquiry, Where is the immediate seat of the disease?—and think we cannot do better than refer to a short account of the post-mortem appearances given by Dr. Guy in his edition of Hooper's "Physicians' Vade-Mecum," in which he states they consist in inflammation of the bronchial tubes, with large collection of mucus in the air-passages, inflammation of the substance of the lungs, inflamed bronchial glands, inflammation of the mucous membrane of the stomach and of the intestines, with enlargement of Peyer's and Brunner's glands; in other words, an inflamed condition of the parts supplied by the pneumogastric or eighth pair of nerves. Again, what are its frequent terminations? Pneumonia, bronchitis, pleuritis, phrenitis, convulsions, apoplexy, and epilepsy. Whence, then, can such and so many formidable complications, as well as such different and varied post mortem appearances, result? They cannot surely be the consequence of a specific contagion acting solely on the mucous lining of the air-passages, but must be sought for, I think, in some more delicate part of the organization; and where, I would ask, more likely than in that part whence proceed those nerves which play so important a part (if I may so express it) in the post-mortem history of the disease. Influenced by this suggestion, I have happily been the means of quickly relieving several little sufferers, even when their maladies threatened a serious if not fatal termination. The plan consisted in the use of active derivatives to the upper portion of the spine, with free use of tartar emetic to lower the heart's action, and relieve, I imagine, the congestion of the vessels of the medulla, with a brisk cathartic of calomel at night for a few successive days.

I am, Sir, your most obedient servant,

WM. G. CARTER, M.R.C.P. Lond.,
Honorary Medical Officer to the Bristol Free Institution for the Diseases of Women and Children.

Belle Vue, Clifton,
May, 1860.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR OWN CORRESPONDENT.)

As the present season is the one most frequently selected by English medical men for a visit to Paris and its hospitals, I think that very possibly a few words of advice and guidance from an old hand may not be out of place. That a man well versed in our own system of practice has still much to learn at Paris is, I think, incontestable; and although he may turn away with horror from a case of pneumonia treated *à la* Bouillaud, nevertheless, when he shall have seen that, despite such barbarisms, patients *will* recover and live on, he will be enabled to gather for his own private consolation in his future career the great fact, so often overlooked now-a-days, that the human animal, like the cat, is very tenacious of life and monstrously hard to kill—in which great fact lies the solution and explanation of the riddle of many a quackery.

Before starting for Paris, get together as much French as you can, note-books both large and pocket, and some strong pairs of shoes, for you will really have to *walk* the hospitals here. On arriving, go to a good hotel, the best in the town—Maurice's, the Lawn, and such-like. I know, from ten years' experience, that there is no economy in singling out a second- or third-rate establishment, more especially when required to occupy a room there but for one night. As soon as you have rested from the fatigue of your journey, you must think of your lodgings. If you wish to be in a central situation equally near to all the great hospitals, cross the river and ask for the Quartier Latin, and an hour's walk in the Rue Jacob, Rue de Seine, Rue St. André des Arts, Rue de la Harpe, Rue de Tournon, or Rue de l'Odéon, will take you past the doors of some dozens of lodging houses (hôtels meublés or garnis), at which, for prices varying from thirty to eighty francs a month, can be obtained a very decently-furnished lodging, comprising one, two, or three rooms, according to price. Do not be afraid of mounting a few pairs of stairs; you are leaving behind you an atmospheric substratum the perfume of which in a warm spring night is anything but grateful or reviving. There are several English families in the neighbourhood of the Rue de Rivoli and Tour St. Jacques who receive boarders; addresses of such persons can be obtained at any of the house-agents' offices; and

the terms are very moderate, not exceeding 140 fr. per month, which includes everything except firing, I believe.

So much for lodging; and now concerning hospitals. If you have plenty of time on hand, do as you please—see everything, make the round of all, beginning at Beaujon and sweeping round the town to Lariboisière, St. Louis, Ste. Eugénie, &c., until you end at the Invalides, after a glorious campaign; but if in a month, or even six weeks, you hope to carry back with you a sack of grist—to get, in fact, your money's worth out of Paris, such a plan will never answer. In coming to Paris for a month, as you cannot see all, you naturally wish to study what can be acquired nowhere else; and that one thing is, without doubt, *perfection in the art of diagnosis*. This alone constitutes the strength of the French medical schools; of their weak points I shall say nothing.

In the annexed table will be found a list of those hospitals which it is indispensable for the student to visit if he wishes to obtain a just idea of what the relative value of French and English practice really is at the present time. As all the hospital practice is over by ten o'clock, there is ample time left during the day for dissection, lectures, or attendance on the ophthalmic dispensaries, the latter forming a very important item in the list of advantages afforded by a residence in this capital. The Salles d'Anatomie of Clamart are open at all seasons; and for the sum of 100 francs (or £4 sterling) as much surgery and anatomy can be prosecuted under the direction of a professor as will more than satisfy the most zealous.

A Week's Work at Paris.

Monday.—At 7½ A.M., Hôtel Dieu: Trousseau and Jobert de Lamballe. At 8 A.M.: Nélaton at clinique. At 8 A.M.: Lariboisière; Chassaignac, operations with écraseur. At 12 P.M.: Desmarres, Eye Dispensary. At 2 P.M.: Sichel's Eye Dispensary. Lectures at Faculty, all day and every day.

Tuesday.—At 8 A.M., La Charité: MM. Velpeau and Beau. At 9 A.M., Hôpital des Enfans Malades: MM. Rogier and Guersant. Discussions at Académie de Médecine, at 3 P.M.

Wednesday.—At 8 A.M., Hôpital Ste. Eugénie: MM. Bouchut and Barthez. At 12 P.M.: M. Desmarres, Eye Hospital.

Thursday.—At 8 A.M., St. Louis: M. Hardy, skin diseases. At 1 P.M.: M. Desmarres, ophthalmoscope. At 2 P.M.: M. Sichel, operations.

Friday.—At 9 A.M., Hôpital du Midi: M. Ricord. Very far off, but on the same day, at 7 A.M., the Hôpital du Val de Grâce may also be seen, being on the way to the former.

Saturday.—At 7½ A.M., La Pitié: MM. Becquerel and Maisonneuve. Hôpital Lourcine (Female Venereal Hospital), with special permit from the central bureau. At 9 A.M., Hôpital Necker: M. Civiale, lithotrity.

The discussions of the Academy of Medicine on Tuesday last opened with a somewhat angry remonstrance on the part of M. Michel-Levy regarding certain expressions which fell from M. Piorry during the debate on the previous Tuesday. The Professor of the Charité had made use of some terms, in criticizing a diagnosis made by a member of the army medical staff in a case of intermittent fever, which were held by the speaker to be "ironical, contemptuous, and offensive" towards that body. A noisy skirmish ensued, in which Professor Malgaigne took part, and some temper was shown on both sides. The latter gentleman, whilst deprecating any invidious feeling on the part of M. Piorry towards the army surgeons generally, suggested that although an error of diagnosis was highly improbable amongst such a learned and estimable body of men, still that such a contingency was just within the bounds of possibility, and that consequently the exasperation of feeling expressed was hardly justifiable. At this stage of the proceedings a note from M. Piorry, disclaiming any sentiments other than those of the greatest respect and esteem for the parties who considered themselves aggrieved, was put in and read, and so ended the Academical white squall.

A report of the committee named to test the value of the administration of the perchloride of iron in cases of purpura hæmorrhagica was next read by M. Devergie. The original communication to which this had reference was a paper from M. Bize of Montélimart, in which details of several cases of the above malady were given, where this drug had been administered with marked success, the best results having been obtained by the use of the preparations in subdivided doses to the amount of one gramme (sixteen grains) per diem. The author moreover insisted upon the remarkable sedative effect produced by the remedy upon the heart's action; and this statement certainly seemed to be borne out and verified by the cases appended to the paper.

A series of experiments had been instituted at St. Louis, and the action of perchloride of iron, in cases of purpura hæmorrhagica, closely studied by several medical men, and M. Devergie amongst them. The report tended to confirm the views of M. Bize in regard to the rapidity of cure by this agent; but the speedy diminution of pulse had not been observed—"indeed," remarked M. Devergie, "in such cases the pulse is rarely accelerated, and consequently our opportunities of observation were on this point very limited; but it does not seem probable that any preparation of iron should possess this sedative action noticed by M. Bize in a degree even more marked and more decided than digitalis itself."

It is very probable that on Tuesday next the subject will be again discussed, as M. Trousseau gave notice of his intention of reopening the debate on a future occasion, and the *vexata quæstio* of the mode of action of ferruginous compounds on the human economy has long been a hobby with the talented Professor of the Hôtel Dieu, who astonished the medical public here a few months back by some very novel views on this head during his course of clinical lectures at the above-named hospital.

The proceedings terminated with the reading of a paper, or rather part of a paper, by Dr. Depaul, on three very interesting cases of complete occlusion of the os uteri during pregnancy, in which delivery had been effected by the help of the bistoury; and, in one case, the cephalotribe, as in consequence of the narrowing of the pelvic brim, the head could not be conveniently reached by the forceps. In this particular patient the closure of the womb and disappearance of the cervix were such as even to render the discovery of the former site of the os impossible, although the speculum was used for that purpose.

May 24th, 1860.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.

A MEETING of the Committee was held on Friday evening, May 18th, at the offices, 5, Charing-cross,—Mr. Fergusson, President, in the chair. A Report of the Sub-Committee, which had been appointed to amend the Rules of the Association, and the amended rules themselves were presented and received. By Rule 1 it is intended that the Association shall hereafter be entitled "The National Medical Registration Association." In several succeeding rules the provisions laid down do not materially differ from those which have governed the Association hitherto. But by Rule 10 it is provided that Honorary Provincial Secretaries shall be appointed by the Executive Committee, whose duty it will be to call together the members of their several Associations for the appointment of two of the number of each to represent them on the Executive Committee, the Local Honorary Secretaries being, *ex officio*, as well as the representatives, members of the Executive Committee. Rules 14 to 17 provide for the election and duties of the Vigilance Committee; Rules 19 to 25 for the distribution of the finances of the Association in prosecution, and otherwise. Rule 26 lays it down that the Committee shall annually print, and cause to be published, a complete list of the names and abodes of all unregistered persons practising medicine in the United Kingdom; and the remaining Rules have relation to the calling of Special General Meetings, and the making or repealing of Bye-Laws by the Executive Committee.

A Special General Meeting of the members is arranged to take place on Thursday, May 31st, at the Freemasons' Tavern, at eight o'clock P.M.,—Mr. Fergusson, President, in the chair,—for the purpose of taking into consideration the amended Rules and for re-organizing the Association under its new and extended designation.

Medical News.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners, on the 18th inst.:—

Cleary, Peter, Wood Quay, Galway.
Jackson, John, Usworth, Gateshead.
Lumsden, William, Hull.
Newbold, Robert, Claremont-square, Pentonville.
O'Keefe, Matthias, Cork.
Pim, Frederick, Dublin.
Rigg, Charles Merit, Rochester, Kent.
Smith, Gordon Sidney Richard Wells, Kilburn, Middlesex.
Williams, William, Talgarth, Breconshire.

NEW FELLOWS.—The following Members of the College having undergone the necessary examinations on the 15th, 16th, and 17th inst., were admitted Fellows of the College:—

Alderney, William Hugh, Buntingford, Herts; diploma of membership dated March 2, 1855.
Cardell, John Major, Salisbury; Nov. 3, 1854.
Crosse, Thomas William, St. Giles-street, Norwich; Aug. 23, 1847.
Coulson, Walter John, Frederick-place, Old Jewry; Nov. 6, 1837.
Cousins, John Ward, City of London Hospital for Diseases of the Chest, Victoria-park; March 7, 1856.
Durham, Arthur Edward, Trinity-square; May 14, 1858.
Earle, Edward Septimus, Emerson-terrace, Forest-hill; April 21, 1856.
Graves, Ryves William, Barton-street, Gloucester; Oct. 12, 1838.
Gray, Henry, Wilson-street; Feb. 11, 1848.
Heath, Christopher, Sackville-street, Piccadilly; March 14, 1856.
Heslop, Lukes Costes, Haverfordwest, Pembrokeshire; Jan. 2, 1846.
O'Connor, Thomas, March, Cambridgeshire; Feb. 23, 1844.
Shillitoe, Buxton, Finsbury-circus; July 4, 1851.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on

Thursday, May 17th, 1860.

Collings, Francis, Bridgewater.
Hall, Marriott, Sheffield.
Jones, Robert, Hulme, Manchester.
Sprague, Charles Gordon, Kimbolton, Hunts.

The following gentleman also on the same day passed his first examination:—

Griffiths, Richard, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen having finished the Course of Examinations, were admitted to the diploma of Licentiate of the College, during the last sittings of the Examiners:—

Ashford, Edwin Charles, Devonshire.
Ballantyne, Alexander, Dalkeith.
Bradley, James, Co. Down.
Brown, Colville, Yetholm.
Burke, Martin, Co. Limerick.
Crawford, Samuel Ker Ker, Co. Monaghan.
Fisher, Robert Elliot, Co. Leitrim.
Gillespie, Franklin, Cork.
Jenkinson, James, Pennycuick.
M'Intosh, William Carmichael, St. Andrews.
Middleton, James, Edinburgh.
Nicoll, John Black, Fifeshire.
O'Connell, John, Cork.
Redmond, William, Dublin.
Telford, Thomas, King's County.
Thomson, Ebenezer, Stirling.
West, Robert Uvedale, Lincolnshire.
White, Samuel Gamble, Donegal.

ROYAL MEDICAL BENEVOLENT COLLEGE.—The following candidates were elected at the annual meeting on the 21st instant:—*Pensioner:* Eliza Rickard. *Foundation Scholars:* Charles Edward Winter, Jacob Hawker Dinham, William S. B. George, Horace Pritchett.

THE JOHN HUNTER STATUE.—A large attendance of the Committee for erecting a statue to the founder of the Hunterian Museum met on Monday last in the Council Chamber of the Royal College of Surgeons, the President (Mr. Arnott) in the chair. The minutes of the previous meetings having been read and confirmed, the Committee proceeded to the election of an artist, and selected for future consideration the names of three sculptors from amongst the gentlemen proposed by various members of the Committee.

THE COLLEGE LECTURES.—Professor Hilton will commence his course of six lectures on the Influence of Rest in the Treatment of Disease, in the Theatre of the College of Surgeons, on Tuesday, the 5th of June next; and will continue the same on each Tuesday, Thursday, and Saturday, at four o'clock.

THE GRESHAM LECTURES.—The lectures on Physic founded by Sir Thomas Gresham will be read in the Theatre of Gresham College, Basinghall-street, by Dr. Sonthey, F.R.S., on Friday and Saturday, the 25th and 26th inst.—in Latin at twelve o'clock, and in English at one o'clock, each day. These lectures and others at the same Institution, on Divinity, Law, Astronomy, Rhetoric, Geometry, and Music, are free to the public, who, however, only appear interested in the latter subject.

THE GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION will probably meet on the 14th of June, for the consideration of the many important matters likely to be brought before them.

HONORARY DISTINCTIONS TO MEDICAL MEN.—M. Duméril and M. Lordat, both very far advanced in years, and professors at the Faculty of Paris and Montpelier respectively, have just been raised to the rank of Commander of the Legion of Honour. M. Lordat, upon his own request, has been allowed to retire.

CAUSTIC APPLICATIONS ON THE EPIGASTRIUM IN OBSTINATE VOMITING DURING GESTATION.—M. Ferrand has published in *L'Union Médicale* two cases, in one of which he used moxas over the epigastrium, and in the other an issue in the same region, made with Vienna paste. The uncontrollable vomiting ceased in both cases; but it should be noted that in the latter, chloroform and iodine were administered after the use of the issue; whilst in the former, all remedies were given up after the application of the moxas. These cases should be recollected, when opium, prussic acid, chloroform, &c., have been fairly tried without affording relief.

THE VOLUNTEER MOVEMENT.—Apart from the political motives which lend the chief character to the volunteer movement, there is one feature which cannot be regarded without interest by the medical profession. As a means of physical education and of promoting health, both directly by the provision of wholesome exercise, and indirectly by withdrawing our young men from idle and enervating pursuits, the benefits are great and immediate. Looking at the matter from this point of view, we feel it a duty to recognise the great merit that is due to that distinguished writer, Mr. Alfred B. Richards, to whom the country is indebted for the origination of the volunteer corps.

GROSVENOR-PLACE SCHOOL OF MEDICINE.—ANNUAL DISTRIBUTION OF PRIZES.—The lecturers, students, and friends of the above School dined together at the Freemasons' Tavern on Tuesday, May 1st, according to annual custom. Dr. Storrar occupied the chair. The usual loyal toasts having been given, the prizes of the year were distributed as follows:—Prize for *General Proficiency*, Mr. F. Schofield; certificate, Mr. J. C. Roll.—*Anatomy:* Senior prize, Mr. Schofield; certificates of honour, Mr. Thomas and Mr. Risdon; junior prize, Mr. L. Davies.—*Physiology:* Senior prize, Messrs. Schofield and Thomas (equal); junior prize, Mr. Davies; certificate, Mr. Barrow.—*Medicine:* Certificates, Messrs. Roll and Schofield.—*Surgery:* Prize, Schofield; certificate, Roll.—*Midwifery:* Prize, Schofield.—*Forensic Medicine:* Prize, Roll.—*Botany:* Prize, Roll; certificate, Thomas.—*Materia Medica:* Prize, Roll; certificates, Schofield and Thomas.—*Public Hygiene:* Certificate, Roll.—After the distribution, the Chairman delivered a very eloquent address, bearing mostly on the question of medical education and the new prospects of qualification. He spoke in favour of letting the education of medical men be free, and unembarrassed as much as possible by the dictation of examining bodies, and of trusting for qualification to a proper examinational test. He then passed under review the changes which were being made in the universities, describing the ordinance of the Royal Commissioners of Scotland in relation to Edinburgh University. Dr. Storrar suggested that it was probable similar changes would be extended to all the universities, and that these institutions would ultimately give all the required qualifications for practice in medicine, surgery, and midwifery. After showing the advantages which would arise from this course, and the lesson that would be given by it to the corporations, the Chairman ended his address by proposing "Prosperity to the Grosvenor-place School of Medicine." The meeting broke up at eleven o'clock, after having spent a most agreeable and friendly evening.

NUISANCES REMOVAL ACT AMENDMENT BILL.—A deputation from the Association of Medical Officers of Health had an interview on the 21st inst. with the Home Secretary, for the purpose of urging the introduction into the Nuisances Removal Amendment Bill provisions to enable the Medical Officer of Health to order the removal of dead bodies from confined dwellings to a suitable dead-house, when likely to be injurious to health; to enforce removal of refuse of certain offensive trades; to define minimum space per head that shall be held to avoid the charge of overcrowding; to place under some responsible authority the control of cabs used for conveyance of sick persons; and other matters.

AN UNHEALTHY APRIL.—The Registrar-General for Scotland, in his monthly report, announces the deaths of 2537 persons out of a population estimated at 908,146, the largest number of deaths he ever registered in April, and 612 more than in April, 1859. He attributes this to the low mean temperature (42·1°), the very high daily range, amounting on the mean to 16°; the dryness of the air, the prevalence of the keen arid east wind, and the small fall of rain, which was only about a third of the usual amount. It was his lot in the month to record in his death-book the name of a person whom, with characteristic caution or national pride, he only designates as "perhaps" the oldest inhabitant of Scotland, an old soldier, for some years receiving parochial aid, who was born at Lairg, Sutherland, and died at Perth, at the extreme age of 107.

CASUALTIES IN LONDON.—A return has been issued, by order of the House of Lords, of the casualties in London. It sets forth the number of persons killed or injured by carriages within the metropolitan police district from Jan. 1st, 1858, to March 1st, 1860. In 1858, the number run over and killed was 45; of maimed or otherwise injured, 663. In 1859, 51 were killed, and 682 injured. In the two months of 1860, 8 have been killed, and 110 injured. In a great number of cases of those maimed &c., the injuries were slight.

THE LONDON MEDICAL REGISTRATION ASSOCIATION.—We regret to state that Dr. Ladd has recently resigned the post of Honorary Secretary to this Association, necessitated to do so by increased professional duties, he having been appointed a district medical officer in Lambeth.

HER MAJESTY'S DRAWING-ROOM.—The following members of the medical profession attended her Majesty's Drawing-room on the 18th instant:—Sir James Clark, Sir John Forbes, Sir B. Brodie, Sir John Fisher, Mr. Fergusson; Drs. Thomas King Chambers, Jones Williams (of Gilliwig), Field, Baly, Frederick G. Reed, Bryson, R.N., Edwin Howard, Fraser, Ashley, Granville, and Hinxman.

A CASE OF GLANDERS IN A MAN; FATAL ISSUE.—M. Reynier has given an account of the above case, which relates to a man aged thirty-one, who had taken care of a glandered horse. The principal symptoms were abscesses about each hand alternately, a large pustule with livid areola over the right eye, profuse suppuration, typhoid symptoms, and death on the twenty-fifth day after the attack. No autopsy was allowed.

RASORIAN DOSES OF TARTAR EMETIC IN TETANUS.—Dr. Cornaz relates, in *L'Echo Médical Suisse* of the 1st inst., two cases of tetanus in which repeated doses of tartar emetic were given. One of the patients, aged sixty-three, whose primary lesion was mortification of a finger, recovered; the other, aged forty-one, who had had two fingers crushed, sank under the tetanic attacks. The doses of tartar emetic were, in both cases, half a grain every half-hour; these produced rather abundant alvine evacuations, but not very severe vomiting. Both patients had, however, large doses of morphine and chlorate of potash, with warm baths. When the emetic acted too powerfully on the intestinal canal, the administration of the salt was suspended for several hours.

BIRMINGHAM AND MIDLAND COUNTIES MEDICAL REGISTRATION ASSOCIATION.—A Special Meeting of the Committee of this Association was held on the 3rd instant,—Dr. Anthony in the chair,—in consequence of a communication from Dr. Ladd, of the London Medical Registration Association, requesting that the opinion of the Society might be obtained in reference to those "alterations in the Medical Act which increasing experience proves to be necessary; and that those opinions might be embodied in the form of resolutions, and transmitted to the Sub-Committee in London now engaged in considering the subject."

A Sub-Committee had been formed, and had carefully gone over the Sections of the Act, and prepared the following resolutions, which, after some little discussion, were adopted by the meeting:—

1. Preamble.—In place of the present one: "Whereas it is expedient that anyone seeking medical aid should be enabled to distinguish qualified practitioners in medicine and surgery from unqualified persons."

2. Sect. IV.—That after the words "General Council" should be added, "the representative members of the medical corporations to be elected by the fellows or members of each college or corporation respectively, such election to be determined by ballot."

3. Sect. XXVII.—That the part of this Section relating to the registration of the doctorate of the Archbishop of Canterbury be repealed.

4. Sect. XXXVI.—That the words "not wholly supported by voluntary contributions," be omitted.

5. Sect. XL.—That this Section be altogether repealed, and the following substituted:—"Any person whose name shall not be found on the Medical Register, and who shall pretend to be, or take or use the name or title, or part of a title, of a physician, doctor of medicine, licentiate in medicine or surgery, bachelor of medicine, general practitioner, or apothecary, or any name, title, or part of a title, addition, or description, implying that he is recognised by law as physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, surgeon, general practitioner, or apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20."

6. Sect. XLVIII.—That this Section be repealed,

THE THAMES AND THE WEATHER.—This week the temperature of the water of the Thames has risen above 60°, but as yet there has been no perceptible decomposition or odour in the water. The sewage, as it is disgorged into the stream from the cloacæ, however, is already offensive. Last year the river resented the bad treatment to which it is subjected as early as the beginning of May.

TESTIMONIAL TO A PHYSICIAN.—A testimonial has lately been presented to Dr. R. D. J. Evans, the senior medical officer of the Hertford General Infirmary. A great number of the governors of the institution were present on the occasion. Mr. Chauncey, the chairman of the institution, presided. The testimonial was placed on a side table. It consisted of a silver inkstand of very beautiful workmanship, a tea and coffee service, including tea-pot, coffee-pot, cream-jug, and sugar-basin, and a large and massive salver, which bore the following inscription:—"Presented with a Tea and Coffee Service, inkstand, and other plate, by public subscription, to Dr. R. D. J. Evans, as a token of respect and gratitude for his invaluable services, during a period of a quarter of a century, as an Honorary Medical Officer to the General Infirmary at Hertford. May, 1860." Mr. Chauncey presented the testimonial in a brief but impressive speech, in which he spoke of the great services rendered to the institution by Dr. Evans, to which he could bear personal testimony. Dr. Evans acknowledged the compliment in a very effective address, which was listened to with great attention, and at its termination was much cheered.

NATIONAL VACCINE BOARD.—The report of the National Vaccine Board for the past year, which has been presented to the Privy Council, states that 205,366 charges of lymph were supplied during the year. The Privy Council having determined that no future medical practitioners shall be appointed public vaccinators unless they shall have received special instruction in vaccination and the distinctive marks of its success, the Vaccine Board have made arrangements for placing a station where there will be a competent instructor and a sufficient number of vaccinators within a moderate distance of every large metropolitan medical school; and stations for instruction have also been brought into connexion with the Board in Birmingham, Bristol, Hull, Liverpool, Manchester, Newcastle, Oxford, and Sheffield, in all which places there are provincial medical schools.

RETIREMENT OF A MEDICAL OFFICER.—Mr. W. Blower, of Bedford, who has been medical officer to the poor for about a quarter of a century, has retired from his office in consequence of an attack of paraplegia. In answer to his letter of resignation the following was returned:—

"At the weekly meeting of the Board of Guardians of the Bedford Union, in the county of Bedford, held on Saturday, the 5th day of May, 1860,—Ordered, that in conveying to Mr. Blower the acceptance by the Board of his resignation as medical officer and public vaccinator of the Bedford and Kempston district of this Union, the Clerk be instructed to express to that gentleman the high sense they entertain of the faithful manner in which he has discharged the duties of medical officer of this Union for nearly twenty-five years, and their sincere regret at the cause which has led to such resignation.

"By order of the Board,

"S. WING, Clerk to the Guardians."

We are quite sure that this expression of sympathy will find an echo in the breasts of many, and that the poor have in this instance spoken their feelings through their guardians.

INFANTICIDE IN AUSTRALIA.—The details of a case of infanticide tried at Wollongory, South Australia, have been forwarded to us, from which it appears that juries are as unwilling to convict for this crime in that colony as here. The case was remarkable, inasmuch as a newly-born child, exposed for upwards of twenty-four hours in a bush, and subjected to the violence of a prolonged thunderstorm, had survived that treatment. The evidence of Mr. Lambert, the surgeon who examined the mother, clearly established the medical part of the case, but the jury acquitted the prisoner. The judge stated that infanticide was very prevalent in the locality, and he trusted this decision might not make it more so.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MAY 19TH.—In the week that ended last Saturday the total number of deaths registered in London was 1090, exhibiting a decrease in the rate of mortality as compared with that of the earlier portion of the present month. The mortality from small pox continues to decline. In the winter months the weekly deaths from this disease rose in some instances above 40; last week they were only 14. Measles was fatal in 41 cases, scarlatina in 30, and diphtheria in 11. Phthisis car-

ried off 174 persons, the corrected average being 152. Of four children whose deaths were caused by suffocation, three were suffocated by the bedclothes, one by food. Five children received fatal burns or scalds; the son of a bricklayer's labourer, aged seventeen months, was scalded by the upsetting of a basin of hot broth; the daughter of a tin-plate worker, aged two years, by the overturning of a saucepan of water; and the son of a shoemaker, aged two years, from the upsetting of a kettle of boiling water; a boy and a girl died from burns received by means not stated. A woman died at the age of ninety-five years, and a man at ninety-seven.

Last week, the births of 867 boys and 835 girls, in all 1702 children, were registered in London. In the ten corresponding weeks of the years 1850–59 the average number was 1601.

Obituary.

ALBERT SMITH, Esq., M.R.C.S.

IT is with feelings of deep regret that we announce the death of Mr. Albert Smith. He was identified with our profession, not only as being one of its members, but from various writings illustrative of the career of the alumni of medicine. He was born at Chertsey on the 24th of May, 1816, and accordingly at the time of his death (which occurred on Wednesday morning) had just completed his forty-fourth year. The son of a surgeon, he was early destined for the same profession, and at a suitable age was sent to the Merchant Tailors' School, at which he stopped until his education was completed. Upon leaving that seminary he became a student at the Middlesex Hospital, and gained several prizes, which testified to his talent and application. He then went to Paris, and studied at the Hôtel Dieu, acquiring during his residence in the French capital not only a more extended knowledge of his profession, but much of that experience of the world which afterwards stood him in such good stead when medicine was cast aside in favour of literature. It was at this time that he made his first visit to Mont Blanc. When he returned to England, he took up his abode at Chertsey, and joined his father in the dull and laborious life of a country surgeon. But this was not to his taste. The young medical student had entertained from his earliest years a strong passion for a more alluring avocation. Accordingly we find him employing his leisure hours in writing the "Confessions of Jasper Buddle, a Dissecting-room Porter," and sundry tales and sketches in the *Mirror*, then conducted by Mr. John Timbs. The success he met with in the last-named periodical was of the most encouraging kind to the young writer. He tells us somewhere that when his contributions were accepted by the *Mirror*, and paid for at the rate of half-a-crown a column, he "thought his fortune made;" and no wonder, therefore, that, with such a prospect before him, he should desert the paternal home, and come up to London on his own account. He was very modest, however, at first. When he established himself in the metropolis in 1841, he determined to use his pen only as a supplementary adjunct to the profession in which he had been educated. The brass plate upon his door in Percy-street for many years bore evidence to this resolve, long after, indeed, the necessity for adhering to it had passed away. Albert Smith, in fact, found literary employment almost immediately, and almost immediately was in harness. An adventure with Italian brigands he had met with made its way into the papers, and attracted some little notice. The editor of *Bentley* asked him for a fuller account of the occurrence. He wrote one. It was published in the popular magazine, and more contributions from the same hand were at once asked for. Mr. Albert Smith's literary career commences at this point. He wrote for *Bentley* a tale which was to be completed in a few chapters, but which found so much favour as it proceeded, that, at the request of the editor, it was expanded to the dimensions of three volumes. This was "The Adventures of Mr. Ledbury," the first and best of Mr. Albert Smith's works. Besides contributing to *Bentley*, the new novelist became engaged upon *Punch*, and wrote in that periodical, then in its infancy, "The Physiology of Evening Parties," "The Medical Student," and other amusing papers. He very speedily, too, obtained a footing upon the stage, writing a clever domestic drama entitled "Blanche Heriot, or the Chertsey Curfew," for the Surrey, and after some time taking the lead at the Lyceum, as dramatic adapter of Charles Dickens's Christmas books, and as a writer of burlesques, such as "Valentine and Orson," "Whittington and his Cat," "Aladdin," &c., which displayed to the fullest advantage the talents of Mr. and Mrs. Keeley, Mr. Wigan, and Mr. and Mrs. Frank Mathews. Ere this, however, Mr. Albert Smith had written two other novels in *Bentley*, the "Scattergood Family" and the "Marchioness of Brinvilliers," and had become one of the most popular and most entertaining contributors to the light literature of the day. In 1849 he visited Constantinople, and gave to the world his impressions of that strange capital in a sober but well-written little book, which aimed a fatal blow at the romance that had so long hung over the great Oriental city. Mr. Albert Smith was married about a year since to the eldest daughter of Mr. Keeley, the comedian, who in the great loss she has sustained will have the deepest sympathy and condolence of the many ardent friends and admirers of the deceased.

On Friday week Mr. Albert Smith dined at his club, the Garrick, in King-street, Covent-garden. The day was extremely wet and dirty, and, contrary to the most urgent advice of his friends, he walked from Fulham into town, thinking, no doubt, that the exercise would be beneficial to him. He dined with some friends, and afterwards, contrary to what has been stated in some of the evening journals, went through his performance at the Egyptian Hall. Mr. Arthur Smith knew he was not well, and strongly advised a lengthened rest from professional labours. On Sunday there was nothing to call for particular remark; and on Monday morning he showed evident symptoms of being very unwell, which continued during the whole of the day. Towards evening, Mrs. Smith saw that he was quite unable to appear before the public, and issued a notice at the Egyptian Hall to that effect. When he learned what she had done, he expressed great dissatisfaction, telling her she was needlessly alarmed. Towards Tuesday evening, the unfavourable symptoms had become so manifest, that Dr. Russell Reynolds, of Upper Grosvenor-street, and Mr. Ree, of Fulham, were in attendance upon him. There was a slight rally, and it was thought he would conquer the bronchial attack. During the day he became insensible at times, and his dangerous condition could no longer be doubted. When he recovered, he expressed to his brother Arthur his intention of not appearing before the public any more in London, that he should close the Egyptian Hall, and finally retire from public life after a series of farewell performances in the provinces, for which arrangements had already been commenced. In the course of the night it became but too painfully evident that a melancholy crisis was approaching, of which he himself seemed to be perfectly aware, and the sinking continued until half-past eight on Wednesday morning, when he expired in the presence of his wife, his brother, and his medical attendants. It deserves to be remembered, to the honour of Albert Smith, that although he had quitted his original profession, he lost no opportunity of asserting its dignity by his pen.

Births, Marriages, and Deaths.

BIRTHS.

On the 14th inst., at the Old Vicarage, North Petherton, Somerset, the wife of W. A. Summers, Esq., M.R.C.S., &c., of a son.

On the 17th inst., at Kegworth, Leicestershire, the wife of Alfred Horatio Daniell, Esq., M.R.C.S., of a son.

On the 20th inst., at Belle Vue Villas, Upper Holloway, the wife of Alfred Jas. Barker, M.D., of a son.

MARRIAGE.

On the 19th inst., at Brighton, Edward Langdon Bryan, M.D., of Fulbourn, Cambridge, to Eliza Isabella, youngest daughter of the late Edward Tilberry, Esq., of Patriot-place, Brighton.

DEATHS.

On the 18th inst., Mary Heath, the wife of W. J. Lunn, M.D., of Hull, aged 45.

On the 22nd inst., at Norland-square, Notting-hill, of whooping cough, Edith Caroline, fifth daughter of T. Spencer Cobbold, M.D., F.L.S., aged two months.

BOOKS, ETC., RECEIVED.

Dr. Laycock on Mind and Brain, 2 vols.
Dr. Bucknill on Shakspeare's Medical Knowledge.
Professor Faraday's Lectures on the Physical Forces.
Dr. Combe on Infant Management; edited and revised by Sir James Clark.
Dr. Copeman on Puerperal Fever.
Dr. Lawson on the Treatment of Inflammation.
Mr. Hayward on Dental Practice.
Dr. Wetzlar on Syphilitic Affections.
Dr. Salter on Asthma.
Dr. Balfour's Manual of Botany.
Mr. Elwell on Medical Evidence.
Dr. Churchill's Midwifery.
Mr. Hilles—The Anatomist.
The Future.
Dublin Quarterly Journal.
Photographic Journal.

MEDICAL DIARY OF THE WEEK.

MONDAY, MAY 28
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.—3½ P.M. Dr. Brown-Séquard, "On Paralysis and Epilepsy."
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Clinical Discussions.

TUESDAY, MAY 29
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Dr. T. Spencer Cobbold, "On Herbivorous Mammalia: The Elephant and Rhinoceros."

WEDNESDAY, MAY 30
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

THURSDAY, MAY 31
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2½ P.M.
- ROYAL INSTITUTION.—3 P.M. Professor Arnold, "On the Action of Water in its Circulation through the Earth."

FRIDAY, JUNE 1
- WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
- ROYAL INSTITUTION.—8 P.M. Lecture by Prof. Tyndall.

SATURDAY, JUNE 2
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
- ROYAL INSTITUTION.—3 P.M. Mr. F. A. Abel, "On Heat and Chemical Force."
- SOUTH KENSINGTON MUSEUM.—4 P.M. Dr. Lankester, "On Food: Flesh-forming Foods."

TERMS FOR ADVERTISING IN THE LANCET.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

THE NEW LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.

Misspotshe.—There is no foundation for the doubts which have been cast upon the sincerity of the College of Physicians as to its intention to give speedy effect to the recent resolution to admit general practitioners to the licence. Some time must necessarily be occupied in the framing of a curriculum of education and a scheme of examination. This work, we believe, is in hand. No doubt some facilities will be given for the admission to the licence of gentlemen already in practice, and of students who have already begun their studies.

PIROGOFF'S OPERATION.

To the Editor of THE LANCET.

SIR,—I think the following statement will show how far Dr. E. Watson is entitled to be regarded as the original discoverer of the method of performing Pirogoff's amputation at the ankle-joint without disarticulation:—

1st. I attended Professor Pirrie's surgical course, delivered during the winter sessions 1855-6 and 1856-7, and again and again saw him perform on the dead subject Pirogoff's amputation without disarticulation. The operation was known familiarly amongst the students by the alliterative title of "Pirrie's modification of Pirogoff's amputation." On one occasion previous to performing the operation on both lower extremities of a subject, the Professor requested the class to time him, and the whole of the steps were gone through with great neatness in less than half a minute for each foot, thus proving how expeditiously it might be accomplished *by omitting the process of disarticulation.* I now speak of 1855; but I understood that he had performed the operation during a previous session or sessions, so that Dr. Watson *was anticipated by years,* he having adopted the modification January 4th, 1859, or thereabouts; for he appears to have disarticulated in the case of the boy M'G., August, 1858.

2nd. At a certain point Pirogoff's operation is identical, or all but identical, with Syme's. Each proposes disarticulation previous to sawing off the malleoli. Professor Pirrie, as stated, has shown the great advantage of performing these operations without disarticulation. Here are their respective directions:—

PIROGOFF, after describing the mode of disarticulating, says—"I separate the short anterior flap from the two malleoli, and saw through them at the same time close to their base. I turn this flap forwards, and bring the cut surface of the os calcis in apposition with the articular surface of the tibia. If the latter be diseased, it is sometimes necessary also to saw off from it a thin slice with the malleoli."—(Mr. S. Wells' translation.)

SYME.—"The foot should be disarticulated before the malleolar projections are removed, which it is always proper to do, and which may be most easily effected by passing a knife around the exposed extremities of the bones, and then sawing off a slice of the tibia connecting the two processes."

PIRRIE.—"*Instead of disarticulating* the foot, and then sawing off the malleolar processes and a thin slice of the tibia connecting them with each other, I have, after making a clearance for the saw by sending the knife round the bones, sawn off the malleolar processes and a very thin slice of the tibia, *without effecting disarticulation.*"—(Pirrie's Principles and Practice of Surgery, p. 754. Churchill, 1852.)

I am astonished that Dr. Watson has so lately become acquainted with Professor Pirrie's book, since it is well known in England and Scotland, as well as in America, where it has been ably edited and republished. Hundreds of pupils have passed through Professor Pirrie's classes during the last eight years, and become well acquainted with his modes of operating; hence the great justice of the remark to which Dr. Watson so especially objects—namely, "His practice in this respect has been known to the profession for many years, and understood to apply to either operation."

Dr. Watson attempts to depreciate Professor Pirrie's modification as applied to Syme's operation; he regards it as "anything but an improvement." This is rather ungenerous. It has the same merits in the two operations. It saves time; it enables the surgeon to escape what sometimes proves a serious difficulty.

In the letter you did me the favour to insert in THE LANCET, vol. i., 1859, p. 638, I mentioned having been witness to the painful position in which an hospital surgeon was placed, in trying for nearly twenty minutes to effect disarticulation of the tibio-tarsal joint, and just saved the patient's life by throwing down the knife, and using the saw.

I am, Sir, yours respectfully,

Warrington, May, 1860. ROBT. MARTIN, M.D.

C. B.—If the contract can be proved, he can recover; but it is unwise, as a rule, to sue for payment under such circumstances.

J. W.—It will not be compulsory.

Alpha, (Bedworth.)—He would not be prosecuted for practising as an accoucheur simply. There is some doubt whether he could recover.

MEDICAL RELIEF.

To the Editor of THE LANCET.

SIR,—I trust the case hereafter briefly stated will be thought of interest sufficient to elicit from yourself or correspondents an opinion as to the law on the subject:—

A labouring man broke his leg, and seven days after was granted out-door relief, which he continued to receive until able to return to work. The guardians refuse to pay the fee of £3, awarded for the treatment of such cases under article 177 of the Consolidated Order, alleging that as the man was not in actual receipt of out-door relief at the time of the accident, he could not be considered a pauper. I find, on referring to Lumley's "Medical Officers' Manual," that the fee is directed to be paid for the whole *treatment* of the case until recovery, the mere *setting* of a broken bone not constituting sufficient service. In this case the man's destitution was acknowledged on the seventh day from the occurrence of the injury, consequently, with the exception of the *setting,* which is *not* treatment, the whole of the treatment was pursued while the patient was in actual receipt of out-door relief. Medical relief was applied for at the same time with ordinary relief, but was refused, with the avowed object of avoiding payment of the regular fee.

I remain, Sir, your obedient servant,

May, 1860. A MEDICAL OFFICER AND SURGEON.

A Dentist.—The diploma of Dental Surgery granted by the College of Surgeons cannot be registered under the Medical Act. It, however, proves that the holder of it has undergone an examination for, and possesses a knowledge of, Dental Surgery, and is, therefore, qualified to practise the art.

Monensiensis.—For medical attendance, not for medicines.

Mr. John Wood shall receive a private note if he will forward his address.

CERTIFICATES OF UNQUALIFIED PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I beg to forward you a copy of a letter addressed by me to the Registrar-General, and also a copy of the reply which I received. I would suggest to my medical brethren the necessity of informing the registrars of the districts in which they reside of the name and address of any unqualified practitioner; and should the registrar continue to receive certificates from such a person, it would be advisable to bring his conduct under the notice of the Registrar-General, who would, no doubt, at once interfere in the matter.

I am, Sir, yours faithfully,

May, 1860. J. M.

"May 4th, 1860.

"SIR,—I shall feel obliged by your informing me whether the district registrars are instructed to refuse certificates of deaths signed by unqualified and non-registered practitioners? Also, whether it is the duty of the registrar to ascertain that the person who has signed the certificate of death is a registered and duly qualified practitioner? Also, whether each registrar is furnished with a copy of the Medical Register, published by authority of the Medical Council appointed under the Medical Act?

"I am, Sir, yours faithfully,

"To the Registrar-General, Somerset House." "J. M.

"General Register Office, May 7th, 1860.

"SIR,—In reply to your letter of the 4th inst., received this morning, I beg to inform you that district registrars generally have been instructed to refuse certificates of the cause of death when signed by unqualified practitioners; but the Registrar-General has not imposed upon registrars the duty (not always an easy one) of ascertaining whether a medical practitioner is duly qualified or not; nor has any registrar been furnished from this Office with a copy of the Medical Register, published by authority of the Medical Council.

"I am, Sir, your obedient servant,

"To J. M., Esq., M.R.C.S., &c." "THOS. MANN, Chief Clerk.

A Patient.—Such an accusation could not be sustained without positive evidence being adduced. Our correspondent should forward the particulars.

THE continuation of *Mr. Canton's* paper, "On Atrophy and Degeneration of the Arteries," shall be inserted in an early number.

A Sufferer, (Dresden.)—We are not acquainted with any surgeon in that city who is noted for the specialty alluded to.

"EXTRAS" OF POOR-LAW SURGEONS.

To the Editor of THE LANCET.

SIR,—Union advertisements often read well, especially to the uninitiated. I would, however, draw attention to two points in particular—namely, fees for midwifery cases, and for permanent paupers; the first ordinarily set down at 1*l.s.* per case, but never granted while there is a possibility of the applicant paying 10*s. 6d.* I have been but a short time connected with a union appointment, and my parish midwifery has been but a single case, and on looking through the book I find the total in my predecessor's year to be seven; the population is over 3000. The usual proportion, then, of labours requiring instrumental aid must render the "extra fees" a myth. But the worst part of this system is the payment allotted for permanent paupers—2*s. 6d.* per case per annum: rare munificence! Can they expect physic, much less justice, for such remuneration? This class of patients requires more care, more medicine, and more attention than any other, provided the parish doctor has a conscience, which he can hardly afford to keep on such a pittance.

I have been a naval assistant-surgeon, and thought the service hard when I had a loyal retainer of 8*s.* 1*d.* per diem; but now I am worse off than my rector's gardener, though I serve the same cause as when I wore her Majesty's cloth.

Let the schools of medicine combine to remove such an iniquitous plague-spot; let students pause before they spend their best energies in a union practice. If once a want is felt in filling up the ranks of those mowed down by hard work, bad pay, and bitter disappointment, then reform must begin, and a better footing be established. Often has a medical officer to ride miles to see one of these pauper patients—aye, and find him in a state from which neither art nor science can lift him, unless the surgeon first draw on the resources of his slender purse, or commit him to the tender care of a board of guardians. As a crying evil, it is monstrous enough to crush the energy, self-devotion, and education of the bravest heart.

I remain, Sir, yours obediently,

May, 1860. A POOR-LAW MEDICAL OFFICER.

A Subscriber.—Under the circumstances, the person could not retain the appointment.

Mr. C. Williams.—The request shall be attended to.

A Surgeon.—No. Mr. Liston performed the operation twice.

THE FORTHCOMING ELECTION AT THE COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Perceiving by the paragraph in your impression of last week that the election into the Council of the College of Surgeons will take place shortly, I am sure that many Fellows, with myself, would be glad to know who are the retiring members of the Council, and to see a list of the next twenty or thirty eligible candidates published in your journal, as I think the present a good opportunity to evince the feeling of the profession on the recent disgraceful admissions into the membership of uneducated persons.

I remain, Sir, your obedient servant,

May, 1860. A FELLOW.

Anxious Inquirer will *not* come under the new regulations, inasmuch as his indentures bear date February, 1859.

A Sufferer.—Mrs. Seymour Hill, of York-gate, Regent's-park, the celebrated female chiropodist, died about six weeks since.

L.F.P.S.G.—Yes, he will be admitted to examination.

RELATIVE VALUE OF DIPLOMAS.

To the Editor of THE LANCET.

SIR,—Perhaps you can answer the following questions:—

1. Is the legal and moral value of the diploma of the Royal College of Surgeons of Edinburgh equal to that of the diploma of the Royal College of Surgeons of England?

Considering the recent shameful laxity of the latter College, which, I can answer for it, has not been imitated by the former, I think I can anticipate your answer.

2. Is the legal and moral value of the licence of the Royal College of Physicians of Edinburgh equal to that of the Royal College of Physicians of London?

You will probably answer—as to the legal value, Yes; as to the moral value, No, because some of the licentiates of the Edinburgh College elected last year were admitted without examination—a proceeding adopted by the London College, only in the case of graduates of a University of the United Kingdom, by virtue of the bye-laws of their year of grace. But even on this point of laxity the Edinburgh College of Physicians stands in a more favourable light than the English College of Surgeons, the latter body having admitted some men to the membership without any evidence of the usual professional education and training, which the former has not, I believe, done in any instance; the vast majority of the recent licentiates of the Edinburgh College of Physicians being, in fact, already registered as legally qualified in either medicine or surgery, or in both, while some few were, as in my own case, elected, in terms of the Charter, as graduates of a University of the United Kingdom.

I am, Sir, your obedient servant,

May, 1860. M.D., L.R.C.C.P. & S. Edin.

F.R.C.S., L.R.C.S. & P. Ed.—The whole question of titles must eventually be settled by some competent tribunal.

Medicus.—It does not act as a perfect preventive.

A Country Subscriber.—The question relating to some foreign degrees has not yet been decided by the Medical Council.

M. A. must commence his studies *before* January, 1861.

THE communication of *Dr. J. Mill Prodsham* shall be inserted.

NOTES OF A READER.

IN marshy districts consumption is very rare, and it has been noticed that when ague disappears, consumption becomes prevalent. Consumptive patients, in the first stage of the disease, are said to derive great benefit from a residence in Essex and Lincolnshire.

Iced Drinks.—It is an old-established opinion of the Italians that iced drinks are salutary in debility of the stomach, and that they tend to prevent the action of pestilential diseases and emanations. *La neve non puo riceverre contagio!* Sanelli affirmed that at Messina the deaths were 1000 less annually since the introduction of iced drinks. (During the months of June and July they should be used before breakfast every morning.)

New Remedies.—Lord Bacon remarked: "Certain every medicine is an innovation, and he that will not apply new remedies must expect new evils, for time is the greatest innovator; and if time of course alters all things for the worse, and wisdom and counsel shall not labour to alter them for the better, where shall be the end?"

Muscular Training.—Lord Bacon recommended that "*six* out of the fifty-two weeks should be devoted every year for muscular training and for renovating the system." This hint may be of some service to our Volunteers; for courage is a quality that seems to be congenial to the English nation. Boys, before they can speak, discover they know the proper guards in boxing with their fists—a quality that is perhaps peculiar to the English, and is seconded by a strength of arm that few other persons can exert. This gives the English soldier an infinite superiority in all battles that are to be decided by the bayonet!

J. B.

To ensure attention, our correspondents are requested to observe that every communication addressed to the Editor of this journal must be authenticated by the name and address of the writer. Such information is regarded as confidential, if so desired.

ERRATA.—In the abstract of Dr. Granville's paper, read before the Obstetrical Society on the 2nd inst., and published in THE LANCET last week, on p. 497, line 12 from top of second column, *for* "Western General Dispensary," *read* "Westminster General Dispensary;" and in line 34 of the same column, *for* "1 in 304," *read* "1 in 304."

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Martin; Dr. H. Osborn; Dr. McWilliam; Mr. C. Williams; Dr. W. G. Carter; Dr. Bishop; Dr. Aldis; Mr. Hargitt, (with enclosure;) Dr. Walker; Mr. Greenwood, Liverpool; Mr. Ravenscroft; Mr. Morley, Blackburn; Mr. H. Bird; Mr. Hesslegrave, Marsden, (with enclosure;) Mr. Downie, (with enclosure;) Mr. Kent, Walsham, (with enclosure;) Mr. Saunders, Exminster; Mr. Lounds; Mr. Bantock, (with enclosure;) Mr. Smith, Stroud, (with enclosure;) Dr. Sandwith; Mr. Blanchard; Mr. Howell, (with enclosure;) Mr. Wright, Innisiyre, (with enclosure;) Mr. Condon, (with enclosure;) Mr. White, Carmarthen, (with enclosure;) Mr. Wilson, Egremont, (with enclosure;) Mr. Richards, Leeds, (with enclosure;) Mr. Carter, (with enclosure;) Mr. Hawkins, (with enclosure;) Mr. Whittington, (with enclosure;) Mr. Chamberlain, (with enclosure;) Mr. Ulterson, (with enclosure;) Mr. J. C. C.; Dr. Sprigg, (with enclosure;) Mr. Summers, (with enclosure;) Mr. Turner, (with enclosure;) Mr. Herbert, (with enclosure;) Medicus; Alpha; J. M.; M. A.; J. W.; A Patient; C. B.; A Subscriber; &c. &c.